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Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
and
Administration on Children, Youth and Families
Children's Bureau
Office on Child Abuse and Neglect**

**Findings from the National Technical Assistance
Needs Assessment on Improving Outcomes for
Families with Substance Use Disorders in
Child Welfare Services and Dependency Courts**

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Report Prepared by:

Nancy K. Young, Ph.D.

Sharon Boles, Ph.D.

Sid Gardner, M.P.A.

Brook Whitaker, M.S.W.

Center for Children and Family Futures, Inc.

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**For further information or to request
Technical Assistance contact the
National Center on Substance Abuse and
Child Welfare at
4940 Irvine Boulevard, Suite 202
Irvine, CA 92620
714.505.3525
Fax 714.505.3626
ncsacw.samhsa.gov**

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Executive Summary

The National Center on Substance Abuse and Child Welfare (NCSACW) is a program of the Department of Health and Human Services and jointly funded by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (CSAT) and the Administration on Children, Youth and Families, Children's Bureau's Office on Child Abuse and Neglect (OCAN). The NCSACW is implementing a range of activities to develop knowledge and provide technical assistance to federal, state, local agencies and tribes to improve outcomes for families with substance use disorders in the child welfare and dependency court systems.

To ensure that the intended audience and stakeholders of the NCSACW have input in determining technical assistance needs, materials to be produced, and topics for NCSACW meetings and conferences, a comprehensive needs assessment was conducted. This report summarizes the results of that assessment. The methods used in the needs assessment included multiple approaches to seeking input from a broad range of intended respondents including:

- Questionnaires submitted by NCSACW subcontractors
 - Child Welfare League of America (CWLA)
 - National Association of State Alcohol and Drug Abuse Directors (NASADAD)
 - American Public Human Services Association (APHSA)
 - National Indian Child Welfare Association (NICWA)
 - National Council of Juvenile and Family Court Judges (NCJFCJ)
- Questionnaires submitted by five of the ten Children's Bureau National Resource Centers
- Phone and e-mail interviews with three states who were past technical assistance users
- Brief consultations conducted via e-mail and the Internet, which elicited responses from 281 persons in 47 states and D.C.

The largest groups of respondents were those from state and county agencies, and were from child welfare systems (33.3%), substance abuse agencies (20.0%), and the family/juvenile court system (11.9%).

The major topic areas that were prioritized revealed a consensus on the challenging issues that will make up the focus of the NCSACW's work. The topic areas and overall mean scores on a 3-point scale are:

- Children's Issues (2.46)
- Practice and Clinical issues (2.38)
- Increasing Collaboration, Funding and Systems Issues (2.29)
- Models of Practice (2.22)
- Training Issues (2.22)

There were no significant differences between groups who self-identified their primary organizational focus as either substance abuse, child welfare, the dependency court, mental health services or other fields of practice. The lack of any wide variation in these items underscores the even distribution of interest across a wide variety of issues, suggesting that the

NCSACW will need to work across all of the pertinent topic areas rather than concentrating its activities in two or three of them for specific audiences.

Within these broad priorities, further and more specific topics emerged as having the highest mean ratings by respondents:

- Clinical issues for parents with co-occurring mental health and substance abuse issues (2.66);
- Child development issues (2.65);
- Engaging parents in services (2.63);
- Retaining parents in care (2.61); and,
- Model programs of effective collaboration (2.57).

Some differences among groups of respondents emerged when they were categorized by the organization who requested they participate in the online consultation (e.g., CWLA, NASADAD, etc.) and when respondents were categorized by the jurisdiction they serve (e.g., federal, state, county, etc.). In these analyses some statistical differences between groups were found:

- Tribal respondents were more interested in technical assistance on memoranda of understanding and models of practice;
- CWLA-referred organizations were more interested in technical assistance on urban models of practice;
- Rural respondents were more interested in technical assistance on measuring outcomes and child protective services laws in the context of substance abuse, dependency drug court training, core content on substance abuse treatment, interventions for alcohol-related birth defects, and service models for children of substance abusers; and,
- Urban respondents were more interested in technical assistance on prevalence of alcohol and other drug (AOD) disorders in the child welfare system (CWS), financing models and strategies, and evaluating cross-systems programs.

Some of these differences reflected responses from persons in agencies closer to the client and community level, as with the greater interest of city, tribal, and rural organizations in practice and clinical issues, including client retention in treatment, compared with federal and national organizations. An important point can be inferred, with some care, from some of the responses: respondents may be emphasizing the need for *other* professionals and systems to receive technical assistance on some topics—such as tribal responses emphasizing cultural competence—rather than endorsing a need in their own organizations for such technical assistance.

With respect to methods of delivering technical assistance, respondents consistently preferred brief fact sheets and written monographs, regardless of their referring organization, primary jurisdiction, organizational focus or state. There was far less interest in electronic methods of communication, such as webcasts or video broadcasts. There was also a strong endorsement of involvement of each of the three major systems—substance abuse services, child welfare and the dependency courts—in the technical assistance process. The responses on models of practice underscored the importance of being audience-specific in discussing practice issues.

Introduction and Background

Over the past decade, there has been increased national attention given to the prevalence of substance use disorders among families in the child welfare system. Public and private organizations have struggled with the challenges of providing effective and timely services to these families. The issue of familial substance use affects millions of America's children, both in its effects on parenting and its effects on child development. Several national reports over the past five years have documented the extent to which families entering the child welfare system and the dependency courts are affected by substance abuse.¹

An estimated 11% of all children (8.3 million) live in families where one or more parents are alcoholic or need treatment for other drug abuse. As reported by the Department of Health and Human Services, "most studies find that for between one-third and two-thirds of children involved with the child welfare system, parental substance abuse is a contributing factor. Lower figures tend to involve child abuse reports and higher findings most often refer to foster care."² There are as many fathers with substance abuse problems who have children in their homes as mothers,³ although mothers are far more likely to come to the attention of child protective service agencies.

To address this issue, federal, state and local government agencies have supported the development of services to this population through waivers and grants; legislation has been introduced to encourage state child welfare and alcohol and drug agencies to collaborate; local initiatives have developed new program strategies; and a number of publications have been developed that describe the barriers to serving this population and the various program models that have been implemented to overcome those barriers.

At the federal level, collaborative efforts to address substance use disorders among families in the child welfare system have led to the creation of a National Center on Substance Abuse and Child Welfare (NCSACW). The program is an initiative of the Department of Health and Human Services and jointly funded by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (CSAT) and the Administration on Children, Youth and Families, Children's Bureau's Office on Child Abuse and Neglect (OCAN).

The Center for Children and Family Futures (CCFF) is implementing the NCSACW with the support of a consortium of national organizations that represent the varied intended audiences and stakeholders of NCSACW. These include families, professionals, policymakers and national leaders on practice and policy issues in substance abuse, child welfare, dependency courts and tribes. The consortium members include: the Child Welfare League of America (CWLA), the National Association of State Alcohol and Drug Abuse Directors (NASADAD), the American Public Human Services Association (APHSA), the National Indian Child Welfare Association (NICWA) and the National Council of Juvenile and Family Court Judges (NCJFCJ).

The NCSACW core staff, subcontractors, and consultants will be providing a range of technical assistance services to states, counties, local communities, and tribes. In addition, materials will be developed to support efforts at each of these levels. To ensure that the varied intended audiences and the stakeholders of the NCSACW have input in determining technical assistance (TA) needs, materials to be produced, and topics for NCSACW meetings and conferences, a comprehensive needs assessment was conducted.

This report highlights the types of data collected from the various NCSACW stakeholders, describes the respondents and reports the findings obtained in the aggregate and among specific groups. Finally, a summary of findings and overall conclusions are presented.

Needs Assessment Methodology

Multiple methods for conducting the needs assessment were developed, including distributing questionnaires to the five NCSACW subcontractors, the ten National Resource Centers and three past TA users of CCFF. In addition, a brief consultation with the intended audience of NCSACW services was conducted through an online survey. Below is a description of the various data collection methods.

Questionnaire for NCSACW Subcontractors

The NCSACW subcontractors have extensive experience providing TA to the child welfare, alcohol and drug, dependency court and tribal communities. They have specific knowledge and expertise in providing TA and information was sought from them to inform the NCSACW on what types of TA and effective methods of TA is needed on these topics. To solicit this information, a questionnaire was sent to the subcontractors via email in January, 2003. A copy of this questionnaire is included in Appendix 1.

The NCSACW subcontractors participating in the Needs Assessment were:

- The **Child Welfare League of America (CWLA)**, which provides comprehensive consultation and TA to public and private child welfare agencies and the communities they serve. CWLA is dedicated to strengthening the basic capacity of organizations and community systems to provide safety and permanency for abused and neglected children.
- The **National Association of State Alcohol and Drug Abuse Directors (NASADAD)**, whose objectives are to facilitate the translation of research and knowledge into practice and identifies problems and issues that merit further study and research; to foster communication and collaboration with other organizations and national associations that interface with issues of substance abuse; to promote training within the field of substance abuse prevention and treatment as well as cross-training in other systems; and to provide TA to its membership.
- The **American Public Human Services Association (APHSA)** educates members of Congress, the media, and the broader public on what is happening in the states concerning welfare, child welfare, health care reform, and other issues involving families and the elderly. APHSA's affiliate, the National Association of Public Child Welfare Administrators (NAPCWA) focuses specifically on child welfare, and has worked with NASADAD on the cross-systems issues of substance use disorders in the child welfare system.
- The **National Indian Child Welfare Association (NICWA)** provides TA based on an organization's ongoing relationship with NICWA in order to meet the specific goals of a tribal community. Technical assistance may include on-site training, resource and program development, information sharing, facilitation and other activities.

- The **National Council of Juvenile and Family Court Judges (NCJFCJ)** focuses on providing meaningful assistance to the judges, court administrators and related professionals in whose care the concerns of children and their families have been entrusted.

Questionnaire for the National Resource Centers

The overarching goal of the Children's Bureau's ten National Resource Centers (NRC) is to help states, tribes, and public child welfare agencies implement federal legislation intended to ensure the safety, well-being, and permanency of children who enter the child welfare system. The NRCs are implemented through cooperative agreements with private agencies and universities, each focused on a specific topic area. The NRCs conduct needs assessments, provide on-site TA, identify and disseminate best practices, and coordinate and collaborate with other national resource centers and agencies. To gather the expertise from the NRCs, a questionnaire was sent to the NRCs via email in February, 2003. A copy of the questionnaire is included in Appendix 2.

The following NRCs were asked to complete the NCSACW Needs Assessment:

- National Abandoned Infants Assistance Resource Center
- National Child Welfare Resource Center on Legal and Judicial Issues
- National Resource Center for Community-Based Family Resource and Support Programs
- National Resource Center for Family-Centered Practice
- National Resource Center for Foster Care and Permanency Planning
- National Resource Center for Information Technology in Child Welfare
- National Resource Center for Organizational Improvement
- National Resource Center for Special Needs Adoptions
- National Resource Center for Youth Development
- National Resource Center on Child Maltreatment

Questionnaire for Past Technical Assistance Users

Staff from the Center for Children and Family Futures (CCFF) have provided TA in the area of child welfare and substance abuse for several years. CCFF is dedicated to improving outcomes for children and families, particularly those affected by alcohol and other drugs and those involved in the welfare and child welfare systems. CCFF provides TA and training, strategic planning, evaluation and the development of effectiveness measures. Technical assistance is provided to government agencies, community-based organizations, and schools. To inform the NCSACW on the effectiveness of the delivery of past TA provided by CCFF, a questionnaire was sent via email in March 2003 to three states that had previously received TA from CCFF. The three states were Connecticut, Illinois, and Michigan, and the survey was sent to the primary staff member who would have knowledge about the TA. TA was provided to Connecticut and Illinois in 1999 and to Michigan in 2002. An effort was made to send questionnaires to previous TA users from both the child welfare and alcohol and drug agencies. A copy of this questionnaire is included in Appendix 3.

Brief Consultation with Respondents

A primary data collection activity in the needs assessment was a brief consultation developed by CCFF in collaboration with the NCSACW subcontractors and the federal sponsors. The purpose of the consultation was to solicit information from a broad group of individuals and organizations who are the intended consumers of the NCSACW services. The consultation focused on the topics of needed TA and the most appropriate methods of TA delivery for each of the topics.

The design of the brief consultation was adapted from a similar needs assessment conducted by the Northwest Frontier Technology Transfer Center. The initial topic areas were generated by CCFF staff based on experiential knowledge of what areas of TA may be needed in the areas of child welfare, substance abuse, and dependency court. Several conference calls and meetings were held among NCSACW staff and subcontractors to select the appropriate topic areas and methods of delivery, and to design the format of the online consultation. Once the topics were selected, they were categorized into five broad topic areas. The draft consultation was then shared with the federal sponsors and subcontractors who provided feedback to ensure that all areas of interest were included.

To test the effectiveness of the consultation in eliciting the necessary information, a pilot study was conducted. Two versions of the consultation were developed. One version (Form A) asked a general question at the end of the survey as to what method of TA delivery that they preferred (e.g. on-site consultation, monographs and other publications, web-based approaches), while the other version (Form B) asked respondents to choose a delivery method for each topic area. Both versions of the consultation were accessible via a link that was emailed to a select number of individuals. Each subcontractor was asked to send each draft of the consultation to five of their members (a total of 10 consultations per subcontractor), resulting in a total of 50 consultations. The respondents were initially given two weeks to complete the survey; however, the deadline was extended for an additional week due to a low response rate. There were 19 responses to Form A and 13 responses to Form B, with an overall response rate of 65%. As a result of the comments and suggestions of the respondents it was determined that Form B would elicit more and a higher quality of information than Form A. Changes were made to Form B prior to the broad dissemination to the NCSACW respondents. There were 49 items categorized by the five topic areas in the final instrument.

To evaluate the findings of the needs assessment, several questions were included in the consultation: (1) the referring organization; (2) the primary jurisdiction of the respondent's organization; (3) the focus of the organization; (4) the respondent's primary role in their organization; (5) the number of years of experience in their role; (6) level of interest in several topic areas; and (7) method(s) of delivery for each topic area.

Referring Organization. The referring organization indicates the subcontractor (e.g., CWLA, NASADAD, APHSA, NICWA, or NCJFCJ) or NCSACW that emailed the needs assessment link to their member organizations. The purpose of asking this question was both to facilitate follow-up so that the subcontractors could contact their respondents a second or third time to increase the response rate and to assess any differences in responses based on the referring organization.

Primary Jurisdiction. A question was asked as to the jurisdiction of the respondent's organization. Possible responses included federal, national, state, county, city, reservation, or rural. For the purposes of this report, respondents from federal and national organizations were combined.

Organizational Focus. Possible responses indicating the focus of the respondent's organization included substance abuse, domestic violence, child welfare services, mental health, family dependency treatment court, parole/probation, family and juvenile court system, technical assistance, tribal child welfare, research/evaluation, and policy. For the purposes of this report, respondents were categorized into the following five categories: (1) substance abuse treatment; (2) child welfare services and tribal child welfare; (3) mental health; (4) family/dependency and family juvenile court; and, (5) other.

Primary Role. The respondents were asked to indicate their primary role in the following areas: judicial officer, support (clerical), legal representative, research, administration (director, deputy), management, direct service provider (counselor, social worker, therapist) or legislator.

Technical Assistance Topic Area Level of Interest. Respondents were given a series of TA topic areas and asked to rate their level of interest in receiving TA in that topic. Choices included: 1=little or no interest, 2= moderately interested and 3=extremely interested.

TA Method of Delivery. Respondents were asked to select up to two choices of method of delivery for each topic area. The possible choices included: written monographs, brief fact sheets, web-based tutorials, web cast, video broadcast, phone consultation, on-site consultation, conference plenary/workshop and in-depth on-site consultation.

A request to complete the consultation and the link to access it via the internet was sent to the respondents in February, 2003. A copy of the questions in the brief consultation is included in Appendix 4.

Data Analysis

A qualitative analysis was performed on the questionnaires completed by the NCSACW subcontractors, the National Resource Centers and the past TA users. Common themes of TA needs, topics of TA and method of delivery from each questionnaire were summarized. The quantitative data resulting from the web-based consultation with respondents was cleaned and then transferred to SPSS for the analyses. Descriptive statistics (means, frequency, standard deviation) and summary statistics provided useful information about group characteristics for the different analytic comparisons (i.e., referring organization, primary jurisdiction). In addition, group comparisons were conducted using Analysis of Variance (ANOVA). Significant results from the analyses are summarized in the results section and each of the specific items and p-values are listed in tables in the appendices.

Respondent Characteristics

NCSACW Subcontractors

One questionnaire was returned from each of the five NCSACW subcontractor organizations. Each subcontractor requested other staff members of their organization to complete the questionnaire, and compiled their responses for submission to NCSACW.

National Resource Centers

Five of the ten NRC's responded to the email questionnaire. These included the National Resource Center on Child Maltreatment, the National Resource Center for Community-Based Family Resource and Support Programs, the National Resource Center for Family-Centered Practice, the National Resource Center for Foster Care and Permanency Planning, and the National Resource Center for Special Needs Adoptions.

Past Technical Assistance Users

Four previous TA users responded to the questionnaire, two from Michigan and one response each from Connecticut and Illinois. The respondents were state employees in either the child welfare or alcohol and drug abuse services systems.

Online Consultation with Representatives of the NCSACW Intended Audiences

Two hundred eighty-one respondents completed the brief web-based consultation. The consultations came from 47 of the states and the District of Columbia and the details of respondents by state are listed in Appendix 5 on page 35. The states with the most web-based consultations were Minnesota (9.3%), New York (8.9%), California (7.8%), Colorado (4.3%) and Alaska (4.3%).

The respondents were fairly evenly split as to their referring organization, with 22.4% referred by NICWA, 18.6% by NCSACW, 16.0% by NASADAD, 13.5% by NCJFCJ, 9.3% by CWLA, and 6.3% by APHSA. Approximately 19% of the respondents reported being referred by another organization.

The majority of the respondents were from state (41.3%) or county (27.0%) organizations, followed by reservations (9.6%), city (7.1%), national/federal (7.1%), rural (4.6%) or "other" (3.2%) organizations. In addition, the majority of the respondents held administration (36.6%) or management (22.6%) roles within their organization and almost 16% were direct service providers.

Respondents from organizations that focused on child welfare issues were the largest group of respondents (33.3%), followed by respondents from substance abuse services (20.0%) or the dependency/juvenile court system (11.9%).

Table 1: Online Consultation Respondent Characteristics

	n	%		n	%
Referring Organization (n=248)			Primary Jurisdiction (N=281)		
CWLA	22	9.3	National/Federal	20	7.1
NASADAD	38	16.0	State	116	41.3
APHSa	15	6.3	County	76	27.0
NICWA	55	22.4	City	20	7.1
NCJFCJ	32	13.5	Reservation	27	9.6
NCSACW	44	18.6	Rural	13	4.6
Other	44	18.6	Other	9	3.2
Organizational Focus (n=270)			Primary Role (n=265)		
Substance Abuse Treatment	54	20.0	Judicial Staff	21	7.9
Domestic Violence	2	0.7	Support Staff	1	0.4
Child Welfare	90	33.3	Legal Staff	11	4.2
Mental Health	21	7.8	Research	8	3.0
Family Dependency Treatment Court	7	2.6	Administration	97	36.6
Parole/Probation	1	0.4	Management	60	22.6
Family/Juvenile Court	32	11.9	Direct Service Provider	42	15.8
Technical Assistance	10	3.7	Legislator	2	0.8
Tribal Child Welfare	9	3.3	Other	23	8.7
Research/Evaluation	4	1.5			
Policy	7	2.6			
Other	33	12.2			
Mean Years Experience (SD)					
	15.60	(9.96)			

Results

Levels of Interest in Technical Assistance

In conducting analyses of the four data collection methods, five broad topic areas of technical assistance were identified as being most important to the NCSACW subcontractors, National Resource Centers, past TA users and respondents. The five topic areas are:

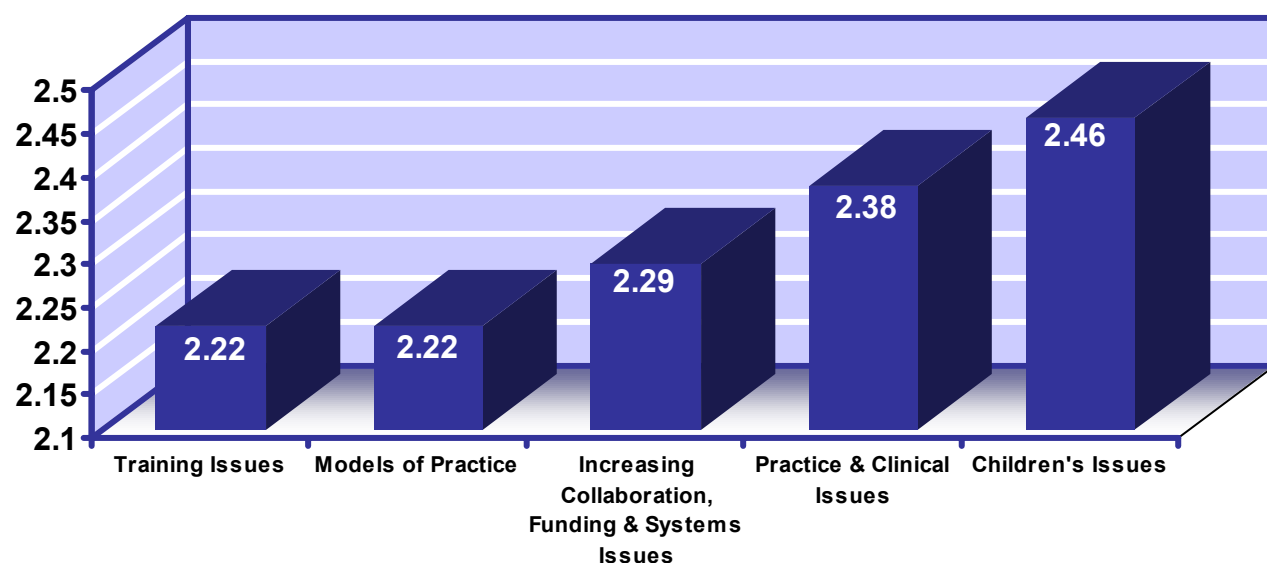
- Children's Issues
- Practice and Clinical Issues
- Increasing Collaboration, Funding and Systems Issues
- Models of Practice
- Training Issues

The respondents were asked to rate their level of interest in receiving technical assistance in each of the specific topic areas. The level of interest scores ranged from 1=little or no interest, 2=moderately interested and 3=extremely interested. Mean level of interest scores were computed for each topic area as well as the individual items comprising each topic area. In addition, a variety of methods to deliver technical assistance were measured for each topic area. The methods of TA delivery included written monographs, brief fact sheets, web-based tutorials, web and video broadcasts, phone consultations, on-site consultations, conference plenary or workshops and in-depth on-site consultations. Analyses of the results regarding the preferred methods of TA are presented in tables in the appendices. Percentages are presented based on the total number of respondents indicating they preferred that method of TA delivery. Results summarized below reflect both the quantitative results from the respondent consultation and qualitative results from the questionnaires administered to the NCSACW subcontractors, NRC's and past TA users.

Overall Results

Total mean scores by topic area for all respondents show a slightly higher level of interest in Children's Issues (2.46) followed by Practice and Clinical Issues (2.38), Increasing Collaboration, Funding and Systems Issues (2.29), Models of Practice (2.22) and Training Issues (2.22). The preference for TA regarding children's issues may reflect that approximately one-third of respondents identified themselves as working in the child welfare arena. However, as described in the following sections, there were no significant differences across topic areas by organization focus (e.g., substance abuse, mental health, child welfare, etc.).

Figure 1: Mean Summary Scores by Topic Area



The mean scores on individual items indicated that the highest levels of interest are clinical issues. For example, TA regarding parents with co-occurring mental health and substance abuse issues had the highest overall mean score (2.66), closely followed by child development issues (2.65), engaging (2.63) and retaining (2.61) parents in care, and then model programs of

effective collaboration (2.57). Table 2 on the following pages shows each of the individual items in rank order by mean score.

The subsequent sections are discussions of the data by respondent characteristics in each of the five topic areas—Children’s Issues, Practice and Clinical Issues, Increasing Collaboration, Funding and Systems Issues, Models of Practice and Training Issues. Details of the significant differences between groups on the summary scores and each item in the topic category are presented. Only the items that were statistically significant ($p < .05$) are included in this discussion. Mean scores and p-values from all items are listed in the tables in Appendix 5. Analyses to explore differences by groups were:

- ***Referring organization*** – CWLA, NASADAD, APHSA, NICWA or NCJFCJ
- ***Jurisdiction*** – National, State, County, City, Reservation, Rural or Other
- ***Primary focus of organization*** – AOD, CWS/Tribal CW, MH, Family/Dependency and Juvenile Court, or Other
- ***States*** – Alaska, California, Colorado, Minnesota, or New York (states with the most respondents are included in this analysis).

There were few items with significant differences between states and those details are not included in the narrative report. However, detailed tables by the five states with the most responses are included in Table F on page 46. Finally, each topic area’s discussion includes information from the qualitative interviews with NCSACW subcontractors and the National Resource Centers.

Table 2: Overall Mean Score by Item

	Mean Score
Working with parents with co-occurring mental health and substance use disorders	2.66
Child development in the context of parental substance abuse	2.65
Engaging parents and families in changing risky behaviors	2.63
Improving retention of parents and families in substance abuse treatment	2.61
Model programs and lessons of effective collaboration in linking AOD, CWS and Family Courts	2.57
The effects of AOD on children	2.55
Assessing risks/developmental assessment/interventions to children in the context of parental substance abuse	2.55
Case management models and strategies for families with substance use disorders	2.54
Measuring outcomes	2.52
Developing cross-system outcomes	2.49
Working with parents with past traumatic experiences	2.48
Defining elements and strategies of collaborative policy and practice to link AOD, CWS and the Courts	2.47
Financing models and strategies (identifying and maximizing resources for this population)	2.47
Child protection and children's service laws in the context of substance use disorders	2.46
Models of culture-specific programs in AOD and CWS practice	2.44
The spectrum of parental substance use, abuse and addictive disorders and appropriate intervention/treatment decisions	2.44
Assessment of substance use disorders in CWS families	2.43
Evaluation of cross-system programs	2.41
Identifying Children of Alcoholics (COA) and Children of Substance Abusers (COSA) issues in CWS and AOD treatment	2.41
Screening tools and techniques for AOD problems in CWS families	2.41
Targeted substance abuse prevention for CWS children and families	2.41
Clinical techniques and strategies for families with AOD problems in child welfare	2.41
Cultural Competency in AOD and CWS services	2.39
Developing cross-system principles/guidelines for practice and policy	2.38
Gender-specific services among mothers with substance use disorders	2.38

	Mean Score
Diversity and cultural competence related to gender and ethnicity	2.37
Models of multidisciplinary teams	2.36
Developing service delivery models for COSA's and COA's	2.35
Model curricula for cross-system training	2.34
Multidisciplinary training using adult learning techniques for AOD, CWS and family court issues	2.30
Specific effects and interventions for Alcohol Related Birth Defects	2.30
The role of the community, self help programs and persons in recovery in AOD/CWS practice	2.28
Incidence and prevalence of AOD disorders in the CWS system	2.27
Core content on substance abuse treatment	2.20
Models of family drug treatment courts	2.15
Rural models of practice	2.14
Implementing confidentiality and communication protocols	2.12
Core content on child welfare services	2.12
Core content on family/dependency courts	2.12
Developing memoranda of understanding agreements across systems	2.10
Dependency Drug Court training for CWS, AOD and judiciary staff	2.10
Models of persons in recovery working in CWS	2.09
Models and lessons of co-located/out-stationed workers across systems	2.07
Clarifying underlying values and their effects on practice and policy	2.04
Urban models of practice	1.99
Servicing families with limited English proficiency	1.92
Tribal models of practice	1.84
Services to refugee and immigrant populations	1.76
Developing Tribal/State agreements	1.73

Children's Issues

The highest level of interest in receiving TA came in the topic area of children's issues with a mean score of 2.46. The four individual items with the highest mean scores within this category were:

- | | |
|---|------|
| ■ Child development in the context of parental substance abuse | 2.65 |
| ■ The effects of AOD on children | 2.55 |
| ■ Identifying Children of Alcoholics (COA) and Children of Substance Abusers (COSA) issues in CWS and AOD treatment | 2.41 |
| ■ Specific effects and interventions for Alcohol Related Birth Defects | 2.30 |

Referring Organization. There were no significant differences among groups based on the referring organization, primary focus of the organization or state. These data are shown in Table C on page 38.

Primary Jurisdiction. When examined by primary jurisdiction, children's issues again were rated as the highest in terms of interest in receiving TA and there were three individual items that significantly differentiated the groups. These data are shown in Table D on page 41.

Statistically significant differences among groups of respondents by primary jurisdiction were:

- Respondents from rural organizations expressed the highest level of interest compared with respondents from federal/national organizations;
- Respondents from rural and city organizations expressed moderately high interest in receiving TA on child development in the context of parental substance abuse compared with other respondents; and,
- Respondents from rural organizations also expressed a moderately high level of interest in the specific effects and interventions for alcohol related birth defects and developing service delivery models for children of substance abusers and children of alcoholics compared with respondents from other organizations.

Primary Focus of Organization. Children's issues continued to be rated as the highest level of interest among respondents, regardless of the primary focus of their organization. The mean scores for the respondents ranged from 2.31 (other) to 2.50 (substance abuse treatment, CWS/tribal CW). As a result, no differences were found regarding interest in TA for children's issues. These data are shown in Table E.

Subcontractors and NRCs. The subcontractors and NRCs identified the following areas of need in the area of children's issues:

- Identifying risk factors for children, and creating models of community action to protect at-risk children from abuse and neglect and from developing their own substance use disorder;
- Services for children (all age levels) of substance users;
- Impact of substance abuse by mother or father on the unborn child and on child development; and,
- Identification of resources for treatment of children exposed to substance abuse.

Practice and Clinical Issues

A moderately high level of interest in receiving TA in the area of practice and clinical issues was also expressed by the respondents with an overall mean score of 2.38. The four highest ranked individual items within the category were:

- | | |
|---|------|
| ■ Working with parents with co-occurring mental health and substance use disorders | 2.66 |
| ■ Engaging parents and families in changing risky behaviors | 2.63 |
| ■ Improving retention of parents and families in substance abuse treatment | 2.61 |
| ■ Assessing risks/developmental assessment/interventions to children in the context of parental substance abuse | 2.55 |

Referring Organization. No differences were found by referring organization, with level of interest ranging from 2.18 (NCJFCJ) to 2.51 (CWLA). Individual items within this category found some significant differences among respondents based on their referring organization. Details of these data are shown in Table C on page 38 and significant findings include:

- CWLA and APHSA referred respondents reported significantly higher levels of interest regarding assessing risks, developmental assessments, interventions with children in the context of parental substance abuse than respondents referred by NCJFCJ;
- Respondents referred by CWLA and NICWA reported more TA needs regarding engaging parents and families in changing risky behaviors than did respondents from NASADAD; and,
- Respondents referred by NICWA reported more interest in receiving TA on working with parents with past traumatic experiences compared with respondents from NCJFCJ.

Primary Jurisdiction. There were group differences in the level of interest in receiving TA in this area by primary jurisdiction. The highest level of interest (ranging from 2.53 to 2.59) was expressed by city, tribal, and rural organizations, whereas federal/national organizations reported the lowest level of interest (2.28). These data support the finding that the closer the respondent was to the client level of practice, the more interest was expressed in clinical issues.

Regarding individual items, tribal and rural organizations reported the highest interest in TA on:

- Assessing risks, developmental assessments, and interventions to children in the context of parental substance abuse;
- Targeted substance abuse prevention for CWS children and families;
- The role of the community, self-help programs, and persons in recovery in AOD/CWS practice;
- Clinical techniques and strategies for families with AOD problems in child welfare; and,
- Working with parents with past traumatic experiences.

In addition, respondents from city organizations had the highest level of interest in understanding the spectrum of parental substance use, abuse and addictive disorders and on appropriate intervention/treatment decisions.

Respondents from city, tribal, and rural organizations had the highest levels of interest in improving retention of parents and families in substance abuse treatment. Finally, the respondents from the various states rated this area as their second highest level of interest, with means ranging from 2.23 to 2.55. As a result of the consistently high level of interest expressed, there were no differences between states on the mean scores for this area or any individual items. These data are shown in Table D on page 41.

Primary Focus of Organization. Although no overall differences were found by primary focus of the organization, this topic area continued to rate as moderately high in terms of level of interest, ranging from 2.26 (family dependency/juvenile court) to 2.44 (mental health). The details of these data are shown in Table E on page 44 and two individual item differences did emerge:

- Respondents from CWS/tribal CW expressed a higher level of interest in assessing risks, developmental assessments, interventions to children in the context of parental substance abuse than the other respondents; and,
- Not surprisingly, respondents whose organizational focus was mental health had the highest level of interest on working with parents with past traumatic experiences.

Subcontractors and NRCs. The largest category of perceived TA needs reported by the subcontractors and NRCs related to the area of practice and clinical issues. The areas of need include:

- Indicators for decision-making about child safety, permanency and well-being in cases of parental substance abuse;
- Culturally competent services that address the family as a system;
- Community-based and kinship care approaches to healing families;
- How to work with, and provide advocacy for families and youth;
- Understanding relapse and appropriate relapse prevention planning;
- Best practice in successful treatment of adolescent and adult substance abuse including identification, timely services, engagement, resources, family-focused services and effectiveness;
- Case management for both child welfare and substance abuse;
- Training both substance abuse and child welfare staff in case conferencing skills; and,
- How to deal with the issue of co-occurring disorders.

Increasing Collaboration, Funding and Systems Issues

The respondents indicated a moderate level of interest with an overall mean of 2.29 in receiving TA in this area. The items with the highest mean scores within this category were:

- | | |
|---|------|
| ■ Measuring outcomes | 2.52 |
| ■ Developing cross-system outcomes | 2.49 |
| ■ Financing models and strategies (identifying and maximizing resources for this population) | 2.47 |
| ■ Defining elements and strategies of collaborative policy and practice to link AOD, CWS and the Courts | 2.47 |

Referring Organization. No differences were found by referring organization in the total score for this area, with levels of interest ranging from 2.14 (APHSA) to 2.39 (NCSACW). There were several significant differences in terms of individual items related to increasing collaboration, funding and systems issues. These data are shown in Table C on page 38. Significant differences include:

- Respondents referred by NICWA reported the highest level of interest in receiving TA in the area of developing memoranda of understanding agreements compared with those referred by APHSA;
- Respondents who were referred by NICWA also reported significantly higher levels of interest in receiving TA in developing tribal/state agreements than did respondents who were referred from other sources; and,
- In addition, respondents referred from NASADAD reported significantly higher levels of interest in receiving TA in financing models and strategies than respondents referred from “other” organizations.

Primary Jurisdiction. When examined by primary jurisdiction of the organization, group differences were found regarding the level of interest in receiving technical assistance in this area. These data are shown in Table D on page 41; summary highlights include:

- Respondents from tribal and rural organizations expressed the highest level of interest in receiving TA in this area and respondents from federal/national organizations expressed the lowest level of interest;
- Consistent with the findings regarding the referral organization, respondents from tribal organizations expressed the highest level of interest in receiving TA on developing memoranda of understanding and developing tribal/state agreements;
- Respondents from city organizations expressed the highest level of interest in receiving TA on the incidence and prevalence of AOD disorders in the CWS system, financing models and strategies, and evaluating cross-systems programs; and,
- Respondents from rural organizations expressed a higher level of interest in measuring outcomes and child protection and children’s service laws in the context of substance use disorders.

Primary Focus of Organization. Surprisingly, no differences were found by primary focus of the organizations on the grouped items. All respondents, regardless of their organization’s focus, expressed a moderate level of interest. Means ranged from 2.23 (“other”) to 2.36 (substance abuse treatment). No individual item differences were found by primary focus. The data are shown in Table E on page 44.

States. There were no state differences in interest in receiving TA in the area of increasing collaboration, funding and systems issues. Means ranged from 2.19 (California) to 2.31 (Alaska), indicating a moderate level of interest in this topic area. These data are shown in Table F on page 46.

Subcontractors and NRCs. The subcontractors and NRCs were asked what they thought were the most needed subject areas for TA in the area of increasing collaboration, funding and systems issues. Many of their responses were consistent with the areas identified as being important by the respondents. Below is a list of the subject areas that the subcontractors believe are most needed relating to this topic area:

- Coordination of services for co-occurring disorders within a family;
- Collaborative funding;
- Appropriate use of section IV-E, and how to maximize section IV-E dollars and work with waivers, outside services and funding;
- How to design and implement an inter-agency approach to addressing the effects of AOD on children and families;
- How to get the resources that field workers/agencies need to provide for families and children with substance abuse issues;
- Outcome-based performance/use of data; and,
- Successful collaborative relationships for substance abuse prevention.

Models of Practice

Overall, the respondents indicated a moderate level of interest in receiving TA in the area of models of practice with an average score of 2.22. The items with the four highest scores within this category were:

- | | |
|---|------|
| ■ Model programs and lessons of effective collaboration in linking AOD, CWS and Dependency Courts | 2.57 |
| ■ Case management models and strategies for families with substance use disorders | 2.54 |
| ■ Models of culture-specific programs in AOD and CWS practice | 2.44 |
| ■ Models of multidisciplinary teams | 2.36 |

Referring Organization. Although there were no overall differences in terms of mean level of interest by referring organization (means ranged from 2.16 to 2.26), two item differences were found. The overall data are shown in Table C on page 38.

- Respondents referred by CWLA reported the highest level of interest in TA regarding urban models of practice compared with respondents referred by NICWA; and,
- Respondents referred by NICWA reported the highest level of interest in TA regarding tribal models of practice and models of culture-specific programs relative to respondents referred by other sources.

Primary Jurisdiction. Group differences were found by primary jurisdiction regarding the level of interest in receiving TA on models of practice. Respondents from tribal, rural and city organizations expressed the highest level of interest in receiving TA in this area compared with respondents from other organizations. As expected, there were individual item differences when examined by primary jurisdiction and these data are shown in Table D on page 41. For example:

- Respondents from rural organizations expressed the highest level of interest regarding rural models of practice; city organizations expressed the highest level of interest regarding urban models of practice; and tribal organizations expressed the highest level of interest regarding tribal models of practice.
- Respondents from tribal organizations also expressed a higher level of interest in models of persons in recovery working in CWS than respondents from other organizations.
- Respondents from rural organizations expressed the highest level of interest in models of family drug treatment courts.
- Respondents from city and rural organizations also had the highest interest in receiving TA in the area of case management models and strategies for families with substance use disorders, especially compared with respondent from federal/national organizations.
- Respondents from city and tribal organizations reported the highest level of interest in models of culture-specific programs in AOD and CWS practice relative to respondents from the other organizations.

Primary Focus of Organization. No differences were found in TA topics by primary focus for models of practice. Again a moderate level of interest was expressed by all respondents regardless of their organization's focus. Means ranged from 2.17 ("other") to 2.22 (CWS/tribal CW). Respondents whose organizations focused on substance abuse treatment and CWS/tribal CW issues expressed significantly higher levels of interest in case management models and strategies for families with substance use disorders than did respondents from other types of organizations. These data are shown in Table E on page 44.

States. No significant state differences were found for overall interest in receiving TA in the area of models of practice. All states indicated at least a moderate level of interest in this area. These data are shown in Table F on page 46 and several differences were found by individual item:

- As to be expected, Alaska expressed the highest level of interest in receiving TA on rural models of practice and New York expressed the highest level of interest regarding urban models of practice;
- Respondents from Alaska reported more interest in receiving TA in the areas of models and lessons of co-located/outstationed workers across systems compared with the other respondents; and,
- Respondents from Alaska and Colorado expressed the highest level of interest in receiving TA regarding models of culture-specific programs in AOD and CWS practice compared with respondents from Minnesota.

Subcontractors and NRCs. The subcontractors and NRCs listed the following as the most needed areas of technical assistance in the area of models of practice:

- The development of drug court models that reflect the family as a system;
- Best practice models;
- Innovative programs, protocols, and implementation issues for those working with families where substance abuse is an issue, including working with AFSA timeframes; and,
- Models that are currently available on the progress of treatment and recovery.

Training Issues

The overall level of interest indicated by the respondents for receiving TA regarding training issues averaged 2.22, indicating moderate interest. The individual items with the highest mean scores were:

- | | |
|---|------|
| ■ Diversity and cultural competence related to gender and ethnicity | 2.37 |
| ■ Model curricula for cross-system training | 2.34 |
| ■ Multidisciplinary training using adult learning techniques for AOD, CWS and dependency court issues | 2.30 |
| ■ Core content on substance abuse treatment | 2.20 |

Referring Organization. No differences were found by referring organization, with the level of interest ranging from 2.01 (APHSA) to 2.31 (NICWA). The only individual item difference by referring organization was related to receiving TA on core content on child welfare services, with NICWA reporting the highest and APHSA indicating the lowest level of interest. These data are shown in Table C on page 38.

Primary Jurisdiction. There were no group differences found among respondents by primary jurisdiction, with all organizations ranging from 2.15 (county) to 2.50 (rural). There were two individual item differences on training issues by primary jurisdiction. Respondents from rural organizations expressed the highest level of interest in receiving TA in the areas of dependency drug court training for CWS, AOD, and judiciary staff and core content on substance abuse treatment compared with respondents from other organizations. These data are shown in Table D on page 41.

Primary Focus of Organization. No differences were found in level of interest in TA topics on training by primary focus. All respondents regardless of their organization's focus expressed a moderate level of interest. Means ranged from 2.11 (mental health) to 2.27 (substance abuse treatment, "other"). Respondents whose focus was "other" expressed the highest level of interest in TA on the core content on family/dependency courts compared with respondents whose organizations focused on CWS/tribal CW issues. These data are shown in Table E on page 44.

States. No state differences were found regarding interest in TA for training issues. The states' level of interest was moderate, ranging from 2.13 (Minnesota) to 2.32 (Alaska). These data are shown in Table F on page 46.

Subcontractors and NRCs. The subcontractors and NRCs identified the following areas of need relating to technical assistance on training issues:

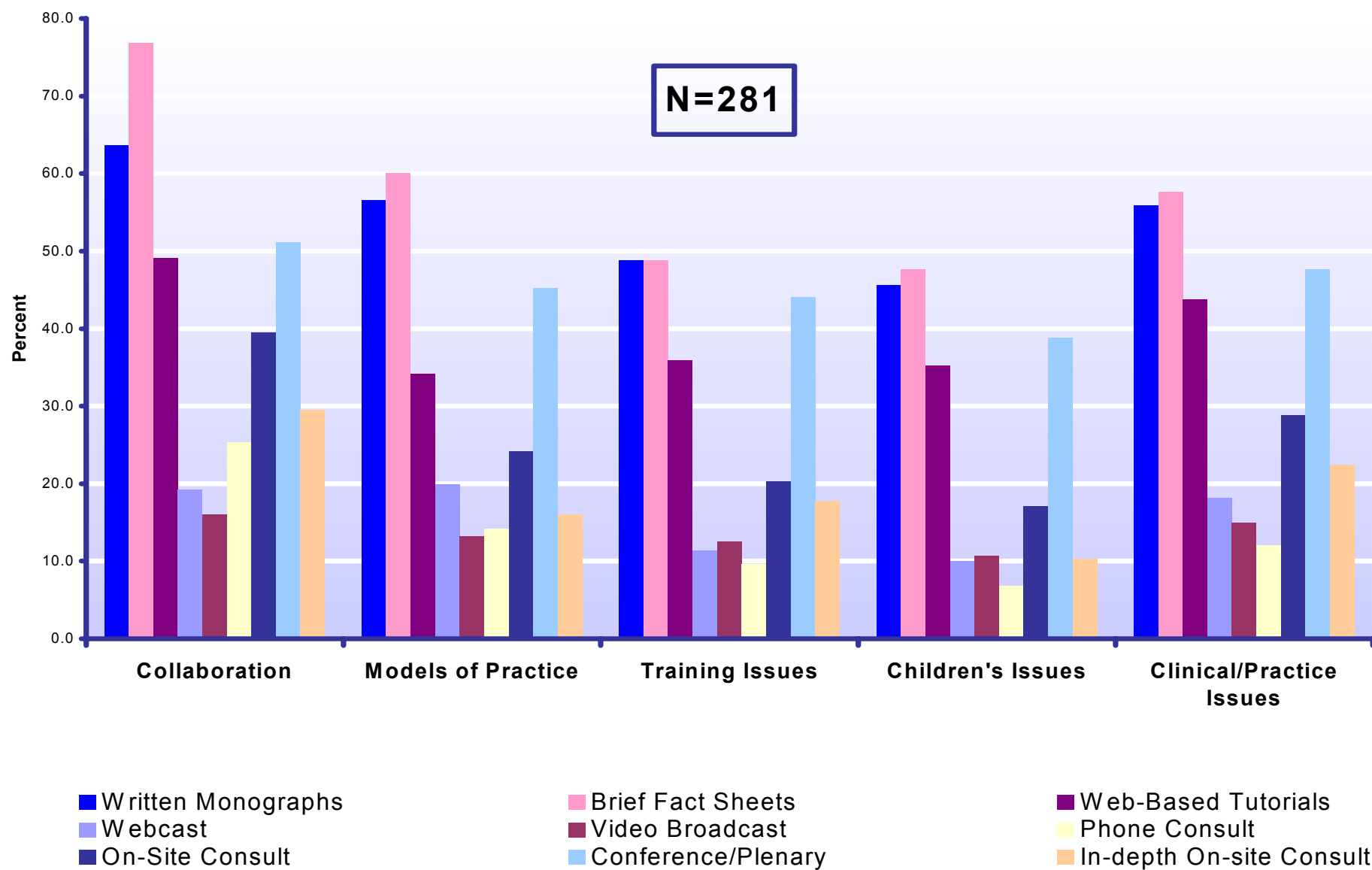
- Continuing need for CW workers to receive AOD education and training on screening and referral;
- How relapse affects parenting;
- The intersection of domestic violence (DV), AOD, and CW, and if there are correlations; and,
- Team-building for effective teamwork.

Preferred Method of Technical Assistance Delivery

In terms of methods of TA delivery for the five topic areas, the respondents consistently preferred brief fact sheets and written monographs regardless of their referring organization, primary jurisdiction, organizational focus, or state. Figure 2 on the following page shows the preferred method of TA delivery for all respondents by topic area. The details of these data are shown in Table G on pages 48 to 52.

Following the graphic showing the overall scores, the subsequent section of the report provides a discussion of the findings regarding preferred methods of TA delivery by the percentage of total respondents that indicated they preferred a specific method.

Figure 2: Preferred Method of TA Delivery for Total Sample by Topic Area



Children's Issues. The majority of respondents indicated that they preferred brief fact sheets (47.7%) and written monographs (45.6%) as the method of TA delivery in the area of children's issues. The least preferred methods of delivery for this topic area were phone consultation (6.8%) and webcasts (10.0%). There were only slight variations for some of the groups in each of the content areas.

Practice and Clinical Issues. Brief fact sheets (57.7%) and written monographs (55.9%) were also the preferred method of TA delivery in the area of practice and clinical issues. The least preferred methods of delivery for this topic area were phone consultation (12.1%) and video broadcasts (14.9%).

Increasing Collaboration, Funding and Systems Issues. In this topic area, more than three-quarters (76.9%) preferred brief fact sheets and almost two-thirds preferred written monographs (63.7%). The least preferred methods of delivery for this topic area were video broadcasts (16.0%) and webcasts (19.2%).

Models of Practice. In terms of methods of TA delivery for the area of models of practice, the majority of respondents again indicated that they preferred brief fact sheets (60.1%) and written monographs (56.6%). The least preferred methods of delivery for this topic area were video broadcasts (13.2%) and phone consultations (14.2%).

Training Issues. As was the case with the other topic areas, regarding training issues the majority of respondents indicated that they preferred brief fact sheets (48.8%) and written monographs (48.8%). The least preferred methods of delivery for this topic area were webcasts (11.4%) and video broadcasts (12.5%).

While the method of delivery generally depends on the level or type of TA that is delivered, the subcontractors indicated that brief fact sheets, conference calls, conference presentations and web-based information were effective. In addition, they indicated that it is important that each system is participating in the TA process to facilitate collaboration and networking.

Experience of CCFF and Subcontractors in Providing Technical Assistance

Technical Assistance Requests

The subcontractors were asked to estimate the number of TA requests that they receive per year, the number of requests in the areas of substance abuse and child welfare and dependency courts, and the method and topic area of TA delivery. The purpose of these questions was to inform the NCSACW of the potential number and type of requests it would receive each year for planning purposes. Not all of the subcontractors keep track of TA requests. For those that responded, TA requests varied widely from 90 to 9,152 per year. The most common method of delivery was research, telephone and email, as well as on-site TA, trainings and conference workshop presentations.

The subcontractors have provided TA in a variety of topic areas related to child welfare, substance abuse, tribes and dependency courts. The topic areas of TA ranged from substance abuse training for facilitators of kinship care curriculum, resource material related to domestic violence, AOD and child welfare, fetal alcohol effects/syndrome training and cultural competency training. Below is a specific list of the TA provided by the subcontractors:

- Training foster parents, parents and residential workers on the effects of addiction on parent and child behaviors;
- Consultations with community-based agencies to identify needs and available treatment resources along with transportation issues;
- Impact of AOD on child development and kinship families;
- Planning for recovery for adolescent and adults with co-occurring mental health issues;
- Child welfare policy issues related to substance abuse screening and treatment;
- Service planning and decision-making related to parental substance abuse;
- Collaborative work with substance abuse treatment providers;
- Training for AOD counselors on outreach and the Project Safe model;
- Screening for DV and CWS, networking referrals and publication dissemination;
- In-depth TA provided to a program serving women with both AOD and DV issues in CWS;
- Implementation/program protocols for family dependency treatment courts;
- Risk assessments in determining child's safety where substance abuse is an issue; and,
- Positive Indian parenting.

Effectiveness of Technical Assistance

Past TA users responded to our request to evaluate the effectiveness of the delivery of TA by CCFE staff in recent years on integrating child welfare and alcohol and drug abuse services in their state. The TA provided to the states included training on how to develop an integrated CW/AOD service system, a workgroup to discuss a regional self-assessment tool, and in-depth TA to develop a strategic plan for the state's approach to CWS/AOD/dependency court issues. Each state representative reported that the TA that was delivered was what they had requested, and that the TA either met or exceeded their expectations.

The NCSACW is interested in learning about effective strategies that the subcontractors have used in providing TA to their respondents. One strategy commonly used was providing follow-up to the TA, including on-site meetings at 30, 60 and 90-day intervals to ensure that the training becomes standard practice. Other effective strategies include providing a range of solutions to a particular issue, providing research-based information that can be used to improve practice, and having online TA requests available.

The subcontractors also identified several strategies that may enhance the delivery of TA. One subcontractor indicated that TA needs to be based on a more family-oriented treatment approach. Another subcontractor suggested that the participants of TA complete a survey prior to the on-site session so that they can address specific questions or concerns, which can then be addressed throughout the TA process.

A question was asked as to whether the subcontractors had been recipients of TA, and what they found to be effective. One response indicated that it is important to define the result or outcome

of the TA training as viewed by those who received the TA. Another response viewed the immediacy of the response to a TA request as important. In addition, the subcontractors reported that best results were achieved when the TA is clearly focused and the result or outcomes of the TA are clearly defined. Another suggestion indicated that the effectiveness of TA is enhanced when clean copies of original data sources, articles, or publications are provided and complete contact information for TA is provided including date completed (if written materials) and name/number/email of contact person for follow-up questions.

Below is a list of additional methods of TA delivery that were identified by the subcontractors and NRCs as increasing the effectiveness of TA delivery:

- Brief fact sheets, conference calls and conference workshops;
- Use of an on-site consultant as facilitator;
- Regular “face-time” or phone interaction for consulting on a specific issue;
- Telephone/video conference calls to provide information and to do some assessment work prior to on-site consulting;
- In-depth planning with groups and subsequent consultation for implementation;
- Training workshops in which content is taught, participants apply it on the job, and return in 30, 60 and 90 days for follow-up training so new practice becomes standard practice;
- Bringing all service providers together to develop mutual agreement, especially regarding terms, problems, goals and clarity of roles;
- On-site consultation and workshops with joint participation by both CW and AOD staff;
- Administrative consultation on the most effective treatment models, strategies for their development, and ways to maximize available funding for their support;
- Model protocols and examples of model practices; and,
- Web-based information.

Conclusion

The needs assessment documented the wide interest among those responding in a variety of topics concerning children and families in the child welfare and dependency courts affected by substance abuse. The analysis leads to two important findings that were evident across respondent groups and topic areas:

- There is a high degree of consensus among all respondents regarding the highest rated topics of interest—children’s issues and practice and clinical issues—regardless of the primary focus service system; and,
- There is strong support for providing technical assistance through brief fact sheets and monographs and dramatically less support for web-based technologies.

At times, evidence not found is as important as evidence found. The lack of any major disagreements among the different stakeholders would seem to be a promising signal of both a substantive consensus in the field and preparedness to work across organizational lines to address the highest priority issues that were identified in the needs assessment. No significant differences in responses by organizational field would appear to be the most important finding of the needs assessment.

While technology has clearly been embraced by the professionals, these data may reflect an overall lack of time and resources to provide staffing for these issues, as well as meeting costs and travel expenses to trainings and conferences. The data also indicate that there is not yet widespread acceptance of web-based and other electronic methods of information dissemination. At this point, the intended audiences of the NCSACW services are not embracing a wide variety of methods of TA delivery.

It is also possible, as an additional means of assessing the value of this process, to review the findings from the perspective of face validity, i.e., the extent to which a tool demonstrates what appears to be logical findings prior to in-depth analysis. In several ways, the responses demonstrate this kind of validity:

- Child welfare respondents emphasized children's needs;
- Respondents from substance abuse agencies emphasized funding issues;
- Respondents from mental health agencies emphasized attention to trauma issues; and,
- Tribal-based respondents expressed greater interest in ensuring TA is provided on Indian child welfare issues and cultural competence.

While these responses are to be expected, they provide further evidence of the value of the various methods of collecting information to inform the work of the NCSACW.

Appendices

Appendix 1: Questionnaire for NCSACW Subcontractors

1. Based on your interactions with those in the fields affected by this issue, what do you think are the most needed subject areas for TA?
2. If your organization keeps track of the number of TA requests received and the method of delivery, please indicate.
 - a. Number of TA requests: ___ per year
 - b. Number of requests related to substance abuse in child welfare/family courts ____
 - c. Most commonly used method(s) of delivery: _____
3. Have you provided TA in the area of substance abuse and child welfare in the past?
 - a. On what topics specific to substance abuse and child welfare?
 - b. If yes, what seemed to be particularly effective in the different contexts in which TA has been provided?
 - c. If yes, what could have been improved and would you do differently?
4. In your professional life, have you been a recipient of TA?
 - a. If yes, what TA specific to this topic have you received?
 - b. If yes, what seemed to be particularly effective in the different contexts in which TA has been provided?
 - c. If yes, what could have been improved?
5. Please describe methods of TA delivery that you think are particularly effective and/or any innovative approaches to TA delivery that you are aware of.
6. Are there any additional comments?

Appendix 2: Questionnaire for National Resource Centers

1. Based on your interactions with those in the fields affected by this issue, what do think are the most needed subject areas for TA?
2. Have you provided TA in the area of substance abuse and child welfare in the past?
3. Please describe methods of TA delivery that you think are particularly effective and/or any innovative approaches to TA delivery that you are aware of.

Appendix 3: Questionnaire for Past Technical Assistance Users

1. You received technical assistance from the Center for Children and Family Futures. What type of TA were you requesting?
2. Was what you requested actually delivered? Was the TA what you expected?
3. Are there ways you would have wanted to change the TA that was delivered?
4. Has your organization implemented any changes as a result of the TA you received?
5. Can you give us any recommendations for improving the delivery of TA in the future?
6. Has your organization indicated any new areas where training or TA may be needed?
7. What method of TA have you found to be the most useful?
8. How frequently does staff at your organization receive training or TA?
9. Are there any other comments?

Appendix 4: Brief Consultation with Respondents

This consultation is intended to gather information that will help identify areas for training and technical assistance. Results will be used to prioritize activities and content areas for the work of the National Center on Substance Abuse and Child Welfare (NCSACW). For information about the NCSACW, visit <http://ncsacw.samhsa.gov>.

Results of this needs assessment will remain confidential and reported in aggregate form. The results will be posted on the NCSACW website in June 2003. If you would like to be added to our electronic mailing list please complete the following information:

Organization
Name
Email

1. Please indicate if one of these organizations requested that you complete this consultation:

- | | | | |
|----------------------------------|--------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> CWLA | <input type="checkbox"/> APHSA | <input type="checkbox"/> NCJFCJ | <input type="checkbox"/> Other |
| <input type="checkbox"/> NASADAD | <input type="checkbox"/> NICWA | <input type="checkbox"/> NCSACW | |

2. Please indicate where your primary office is located:

State	County
-------	--------

3. What is your jurisdiction or the geographic audience of your organization?

- | | | |
|-----------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Federal | <input type="checkbox"/> County | <input type="checkbox"/> Rural |
| <input type="checkbox"/> National | <input type="checkbox"/> City | <input type="checkbox"/> Other |
| <input type="checkbox"/> State | <input type="checkbox"/> Reservation | |

4. What is the primary focus of your court or organization?

- | | |
|--|---|
| <input type="checkbox"/> Substance Abuse Treatment | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Child Welfare Services | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Family Dependency Treatment Court | <input type="checkbox"/> Parole and Probation |
| <input type="checkbox"/> Family and Juvenile Court System | <input type="checkbox"/> Technical Assistance |
| <input type="checkbox"/> Tribal Child Welfare | <input type="checkbox"/> Policy |
| <input type="checkbox"/> Research/Evaluation | <input type="checkbox"/> Other _____ |

5. What is your primary role?

- | | |
|---|--|
| <input type="checkbox"/> Judicial Staff (judge, administrator) | <input type="checkbox"/> Management (manager, supervisor) |
| <input type="checkbox"/> Support (clerical, administrative services, intake worker) | <input type="checkbox"/> Direct service provider (counselor, social worker, therapist, etc.) |
| <input type="checkbox"/> Legal Staff (attorney, staff) | <input type="checkbox"/> Legislator (legislator, staff) |
| <input type="checkbox"/> Research (researcher, evaluator) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Administration (director, deputy) | |

6. Total years of experience in role (at this and other agencies) _____ years

7. Please indicate your interest in receiving Technical Assistance in the following areas. You may select up to two types of method of delivery for each item.

Topic	Level of Interest (select 1)			Method of Delivery (select 2)									
	Little or No Interest	Moderate	Extremely	Written Monographs	Brief Fact Sheets	Web-based Tutorials	Webcast	Video broadcast	Phone Consultation	On-site Consultation	Conference/ Plenary/ Workshop	In-depth Onsite Consultation	
All topics specifically focus on cross-system issues in Alcohol and Other Drug (AOD), Child Welfare Services (CWS) and Dependency Court Systems													
INCREASING COLLABORATION, FUNDING AND SYSTEMS ISSUES													
Clarifying underlying values and their effects on practice and policy													
Developing cross-system principles/guidelines for practice and policy													
Elements and strategies of collaborative policy and practice to link AOD, CWS and the Courts													
Developing memoranda of understanding agreements across systems													
Developing Tribal/State agreements													
Implementing confidentiality and communication protocols													
Incidence and prevalence of AOD disorders in the CWS system													
Financing models and strategies (identifying and maximizing resources for this population)													
Developing cross-system outcomes													
Measuring outcomes													
Evaluation of cross-system programs													
Child protection and children's service laws in the context of substance use disorders													
Other:													
MODELS OF PRACTICE													
Model programs and lessons of effective collaboration in linking AOD, CWS and Family Courts													
Models of persons in recovery working in CWS													
Models of family drug treatment courts													
Rural models of practice													
Urban models of practice													

Topic	Level of Interest (select 1)			Method of Delivery (select 2)								
All topics specifically focus on cross-system issues in Alcohol and Other Drug (AOD), Child Welfare Services (CWS) and Dependency Court Systems	Little or No Interest	Moderate	Extremely	Written Monographs	Brief Fact Sheets	Web-based Tutorials	Webcast	Video broadcast	Phone Consultation	On-site Consultation	Conference Plenary/ Workshop	In-depth Onsite Consultation
Tribal models of practice												
Case management models and strategies for families with substance use disorders												
Models and lessons of co-located/out-stationed workers across systems												
Models of multidisciplinary teams												
Models of culture-specific programs in AOD and CWS practice												
<u>Other:</u>												
TRAINING ISSUES												
Multidisciplinary training using adult learning techniques for AOD, CWS and family court issues												
Model curricula for cross-system training												
Dependency Drug Court training for CWS, AOD and judiciary staff												
Core content on child welfare services												
Core content on substance abuse treatment												
Core content on family/dependency courts												
Diversity and cultural competence related to gender and ethnicity												
<u>Other:</u>												
CHILDREN'S ISSUES												
Child development in the context of parental substance abuse												
The effects of AOD on children												
Specific effects and interventions for Alcohol Related Birth Defects												
Identifying Children of Alcoholics (COA) and Children of Substance Abusers (COSA) issues in CWS and AOD treatment												

Topic	Level of Interest (select 1)			Method of Delivery (select 2)								
	Little or No Interest	Moderate	Extremely	Written Monographs	Brief Fact Sheets	Web-based Tutorials	Webcast	Video broadcast	Phone Consultation	On-site Consultation	Conference Plenary/ Workshop	In-depth Onsite Consultation
All topics specifically focus on cross-system issues in Alcohol and Other Drug (AOD), Child Welfare Services (CWS) and Dependency Court Systems												
Developing service delivery models for COAs and COSAs												
Other:												
PRACTICE AND CLINICAL ISSUES												
Screening tools and techniques for AOD problems in CWS families												
Assessment of substance use disorders in CWS families												
Assessing risks/developmental assessment/interventions to children in the context of parental substance abuse												
Targeted substance abuse prevention for CWS children and families												
The role of the community, self help programs and persons in recovery in AOD/CWS practice												
Clinical techniques and strategies for families with AOD problems in child welfare												
Cultural Competency in AOD and CWS services												
Gender-specific services among mothers with substance use disorders												
Services to refugee and immigrant populations												
Servicing families with limited English proficiency												
The spectrum of parental substance use, abuse and addictive disorders and appropriate intervention/ treatment decisions												
Engaging parents and families in changing risky behaviors												
Improving retention of parents and families in substance abuse treatment												
Working with parents with past traumatic experiences												
Working with parents with co-occurring mental health and substance use disorders												
Other:												

Appendix 5: Data Tables

Table A: Respondents by State

N = 281	n	%		n	%
AK	12	4.3	MT	3	1.1
AL	2	0.7	NC	3	1.1
AR	3	1.1	ND	1	0.4
AZ	9	3.2	NE	3	1.1
CA	22	7.8	NH	2	0.7
CO	12	4.3	NJ	5	1.8
CT	1	0.4	NM	5	1.8
DC	4	1.4	NV	6	2.1
DE	3	1.1	NY	25	8.9
FL	6	2.1	OH	9	3.2
HI	4	1.4	OK	7	2.5
IA	4	1.4	OR	8	2.8
ID	2	0.7	PA	4	1.4
IL	5	1.8	RI	3	1.1
IN	1	0.4	SD	5	1.8
KS	3	1.1	TN	2	0.7
KY	7	2.5	TX	6	2.1
LA	4	1.4	UT	4	1.4
MA	4	1.4	VA	9	3.2
MD	4	1.4	VT	2	0.7
ME	3	1.1	WA	7	2.5
MI	3	1.1	WI	2	0.7
MN	26	9.3	WV	4	1.4
MO	9	3.2	WY	3	1.1

Table B: Mean Scores by Topic Area

	Mean Score
CHILDREN'S ISSUES	
Child development in the context of parental substance abuse	2.65
The effects of AOD on children	2.55
Specific effects and interventions for Alcohol Related Birth Defects	2.30
Identifying Children of Alcoholics (COA) and Children of Substance Abusers (COSA) issues in CWS and AOD treatment	2.41
Developing service delivery models for COSA's and COA's	2.35
Overall Children's Mean	2.46
PRACTICE AND CLINICAL ISSUES	
Working with parents with co-occurring mental health and substance use disorders	2.66
Engaging parents and families in changing risky behaviors	2.63
Improving retention of parents and families in substance abuse treatment	2.61
Assessing risks/developmental assessment/interventions to children in the context of parental substance abuse	2.55
Working with parents with past traumatic experiences	2.48
The spectrum of parental substance use, abuse and addictive disorders and appropriate intervention/treatment decisions	2.44
Assessment of substance use disorders in CWS families	2.43
Screening tools and techniques for AOD problems in CWS families	2.41
Targeted substance abuse prevention for CWS children and families	2.41
Clinical techniques and strategies for families with AOD problems in child welfare	2.41
Cultural Competency in AOD and CWS services	2.39
Gender-specific services among mothers with substance use disorders	2.38
The role of the community, self help programs and persons in recovery in AOD/CWS practice	2.28
Servicing families with limited English proficiency	1.92
Services to refugee and immigrant populations	1.76
Overall Practice Mean	2.38
INCREASING COLLABORATION, FUNDING AND SYSTEMS ISSUES	
Measuring outcomes	2.52
Developing cross-system outcomes	2.49
Financing models and strategies (identifying and maximizing resources for this population)	2.47
Defining elements and strategies of collaborative policy and practice to link AOD, CWS and the Courts	2.47
Child protection and children's service laws in the context of substance use disorders	2.46
Evaluation of cross-system programs	2.41
Developing cross-system principles/guidelines for practice and policy	2.38

	Mean Score
Incidence and prevalence of AOD disorders in the CWS system	2.27
Implementing confidentiality and communication protocols	2.12
Developing memoranda of understanding agreements across systems	2.10
Clarifying underlying values and their effects on practice and policy	2.04
Developing Tribal/State agreements	1.73
Overall Collaboration Mean	2.29
MODELS OF PRACTICE	
Model programs and lessons of effective collaboration in linking AOD, CWS and Family Courts	2.57
Case management models and strategies for families with substance use disorders	2.54
Models of culture-specific programs in AOD and CWS practice	2.44
Models of multidisciplinary teams	2.36
Models of family drug treatment courts	2.15
Rural models of practice	2.14
Models of persons in recovery working in CWS	2.09
Models and lessons of co-located/out-stationed workers across systems	2.07
Urban models of practice	1.99
Tribal models of practice	1.84
Overall Models Mean	2.22
TRAINING ISSUES	
Diversity and cultural competence related to gender and ethnicity	2.37
Model curricula for cross-system training	2.34
Multidisciplinary training using adult learning techniques for AOD, CWS and family court issues	2.30
Core content on substance abuse treatment	2.20
Core content on child welfare services	2.12
Core content on family/dependency courts	2.12
Dependency Drug Court training for CWS, AOD and judiciary staff	2.10
Overall Training Mean	2.22

Table C: Means Scores by Referring Organization

	CWLA (n=22)	NASADAD (n=38)	APHSA (n=15)	NICWA (n=53)	NCJFCJ (n=32)	NCSACW (n=44)	Other (n=44)
CHILDREN'S ISSUES							
Child development in the context of parental substance abuse	2.68	2.55	2.47	2.77	2.59	2.68	2.68
The effects of AOD on children	2.59	2.42	2.47	2.69	2.50	2.52	2.61
Specific effects and interventions for Alcohol Related Birth Defects	2.45	2.16	2.00	2.51	2.28	2.25	2.35
Identifying Children of Alcoholics (COA) and Children of Substance Abusers (COSA) issues in CWS and AOD treatment	2.64	2.34	2.33	2.49	2.13	2.45	2.43
Developing service delivery models for COSA's and COA's	2.59	2.32	2.27	2.36	2.09	2.50	2.36
Overall Children's Mean	2.59	2.36	2.31	2.56	2.32	2.48	2.48
PRACTICE AND CLINICAL ISSUES							
Screening tools and techniques for AOD problems in CWS families	2.64	2.32	2.53	2.47	2.16	2.45	2.39
Assessment of substance use disorders in CWS families	2.68	2.29	2.53	2.51	2.19	2.48	2.43
Assessing risks/developmental assessment/interventions to children in the context of parental substance abuse*	2.77	2.37	2.73	2.60	2.19	2.59	2.66
Targeted substance abuse prevention for CWS children and families	2.55	2.45	2.27	2.55	2.09	2.39	2.47
The role of the community, self help programs and persons in recovery in AOD/CWS practice	2.36	2.08	2.00	2.51	2.16	2.34	2.21
Clinical techniques and strategies for families with AOD problems in child welfare	2.77	2.43	2.27	2.51	2.06	2.45	2.30
Cultural Competency in AOD and CWS services	2.59	2.43	2.33	2.48	2.13	2.52	2.23
Gender-specific services among mothers with substance use disorders	2.41	2.42	2.20	2.43	2.22	2.32	2.33
Services to refugee and immigrant populations	1.86	1.76	1.93	1.55	1.78	1.89	1.86
Servicing families with limited English proficiency	2.09	1.92	2.07	1.81	1.91	2.00	1.95
The spectrum of parental substance use, abuse and addictive disorders and appropriate intervention/treatment decisions	2.45	2.24	2.27	2.58	2.44	2.55	2.42
Engaging parents and families in changing risky behaviors**	2.68	2.37	2.80	2.79	2.41	2.68	2.73

	CWLA (n=22)	NASADAD (n=38)	APHS (n=15)	NICWA (n=53)	NCJFCJ (n=32)	NCSACW (n=44)	Other (n=44)
Improving retention of parents and families in substance abuse treatment	2.50	2.58	2.67	2.71	2.47	2.64	2.61
Working with parents with past traumatic experiences***	2.55	2.34	2.33	2.77	1.94	2.59	2.44
Working with parents with co-occurring mental health and substance use disorders	2.68	2.55	2.80	2.81	2.53	2.66	2.59
Overall Practice Mean	2.51	2.32	2.38	2.50	2.18	2.44	2.35
INCREASING COLLABORATION, FUNDING AND SYSTEMS ISSUES							
Clarifying underlying values and their effects on practice and policy	1.95	2.16	1.67	2.06	1.94	2.14	1.95
Developing cross-system principles/guidelines for practice and policy	2.32	2.46	2.07	2.34	2.37	2.57	2.35
Defining elements and strategies of collaborative policy and practice to link AOD, CWS and the Courts	2.41	2.35	2.33	2.43	2.56	2.68	2.53
Developing memoranda of understanding agreements across systems*	2.27	2.03	1.60	2.36	2.03	2.18	2.05
Developing Tribal/State agreements***	1.59	1.59	1.53	2.40	1.56	1.66	1.63
Implementing confidentiality and communication protocols	1.91	2.11	1.93	2.19	2.16	2.39	1.91
Incidence and prevalence of AOD disorders in the CWS system	2.18	2.24	2.33	2.28	2.03	2.36	2.32
Financing models and strategies (identifying and maximizing resources for this population)*	2.64	2.76	2.47	2.35	2.47	2.55	2.23
Developing cross-system outcomes	2.50	2.50	2.47	2.45	2.37	2.57	2.44
Measuring outcomes	2.59	2.53	2.60	2.53	2.62	2.55	2.42
Evaluation of cross-system programs	2.45	2.43	2.47	2.32	2.34	2.48	2.47
Child protection and children's service laws in the context of substance use disorders	2.32	2.26	2.20	2.66	2.50	2.52	2.37
Overall Collaboration Mean	2.26	2.28	2.14	2.37	2.25	2.39	2.22
MODELS OF PRACTICE							
Model programs and lessons of effective collaboration in linking AOD, CWS and Family Courts	2.73	2.68	2.67	2.43	2.62	2.59	2.51
Models of persons in recovery working in CWS	2.00	1.95	2.07	2.26	2.03	2.02	2.17
Models of family drug treatment courts	2.05	2.11	2.00	2.25	2.34	2.11	2.10
Rural models of practice	2.00	2.21	2.07	2.43	2.16	1.93	2.12
Urban models of practice**	2.45	1.97	2.07	1.68	2.00	2.20	1.83

	CWLA (n=22)	NASADAD (n=38)	APHS (n=15)	NICWA (n=53)	NCJFCJ (n=32)	NCSACW (n=44)	Other (n=44)
Tribal models of practice***	1.55	1.63	1.73	2.74	1.56	1.72	1.67
Case management models and strategies for families with substance use disorders	2.64	2.49	2.53	2.36	2.63	2.57	2.58
Models and lessons of co-located/out-stationed workers across systems	2.18	2.11	2.07	2.06	1.94	2.16	2.07
Models of multidisciplinary teams	2.45	2.26	2.33	2.30	2.34	2.55	2.24
Models of culture-specific programs in AOD and CWS practice*	2.50	2.37	2.40	2.71	2.31	2.50	2.26
Overall Models Mean	2.25	2.17	2.19	2.31	2.19	2.22	2.16
TRAINING ISSUES							
Multidisciplinary training using adult learning techniques for AOD, CWS and family court issues	2.23	2.21	2.33	2.28	2.34	2.34	2.33
Model curricula for cross-system training	2.36	2.53	2.07	2.30	2.31	2.50	2.16
Dependency Drug Court training for CWS, AOD and judiciary staff	1.77	2.18	1.87	2.06	2.38	2.16	2.07
Core content on child welfare services*	2.05	2.05	1.80	2.47	1.94	2.09	1.95
Core content on substance abuse treatment	2.14	2.00	1.80	2.36	2.25	2.32	2.17
Core content on family/dependency courts	1.91	2.26	1.80	2.26	2.19	2.16	2.02
Diversity and cultural competence related to gender and ethnicity	2.50	2.37	2.40	2.45	2.31	2.34	2.24
Overall Training Mean	2.14	2.23	2.01	2.31	2.25	2.27	2.13

Note: *p<.05, **p<.01, ***p<.001

Shaded rows are statistically significant items

Table D: Means Scores by Primary Jurisdiction

	Federal/ National	State	County	City	Reservation	Rural	Other
	n=20	n=116	n=76	n=20	n=27	n=13	n=9
CHILDREN'S ISSUES							
Child development in the context of parental substance abuse**	2.50	2.68	2.59	2.95	2.74	2.85	2.11
The effects of AOD on children	2.40	2.58	2.50	2.72	2.63	2.75	2.11
Specific effects and interventions for Alcohol Related Birth Defects**	2.20	2.27	2.30	2.39	2.48	2.85	1.56
Identifying Children of Alcoholics (COA) and Children of Substance Abusers (COSA) issues in CWS and AOD treatment	2.35	2.42	2.38	2.65	2.44	2.69	1.78
Developing service delivery models for COSA's and COA's*	2.00	2.36	2.38	2.47	2.48	2.69	1.67
Overall Children's Mean**	2.29	2.45	2.43	2.66	2.56	2.75	1.84
PRACTICE AND CLINICAL ISSUES							
Screening tools and techniques for AOD problems in CWS families	2.20	2.43	2.37	2.61	2.56	2.62	1.89
Assessment of substance use disorders in CWS families	2.25	2.46	2.39	2.53	2.63	2.54	1.89
Assessing risks/developmental assessment/interventions to children in the context of parental substance abuse*	2.30	2.65	2.42	2.53	2.70	2.77	2.11
Targeted substance abuse prevention for CWS children and families**	2.30	2.45	2.25	2.53	2.74	2.67	1.75
The role of the community, self help programs and persons in recovery in AOD/CWS practice*	2.40	2.17	2.17	2.47	2.67	2.50	2.38
Clinical techniques and strategies for families with AOD problems in child welfare*	2.10	2.41	2.38	2.47	2.74	2.67	1.89
Cultural Competency in AOD and CWS services	2.35	2.33	2.35	2.72	2.58	2.42	2.22
Gender-specific services among mothers with substance use disorders	2.05	2.38	2.32	2.50	2.56	2.83	2.11
Services to refugee and immigrant populations	1.85	1.82	1.75	1.94	1.41	2.08	1.33
Servicing families with limited English proficiency	2.05	1.93	1.91	2.00	1.70	2.23	1.67
The spectrum of parental substance use, abuse and addictive disorders and appropriate intervention/treatment decisions*	2.30	2.39	2.41	2.78	2.67	2.69	1.89
Engaging parents and families in changing risky behaviors	2.55	2.59	2.61	2.89	2.81	2.77	2.25

	Federal/ National	State	County	City	Reservation	Rural	Other
Improving retention of parents and families in substance abuse treatment*	2.40	2.61	2.58	2.79	2.81	2.77	2.00
Working with parents with past traumatic experiences**	2.45	2.38	2.45	2.60	2.89	2.77	2.00
Working with parents with co-occurring mental health and substance use disorders	2.65	2.64	2.68	2.58	2.85	2.85	2.11
Overall Practice Mean*	2.28	2.39	2.23	2.53	2.55	2.59	1.90
INCREASING COLLABORATION, FUNDING AND SYSTEMS ISSUES							
Clarifying underlying values and their effects on practice and policy	1.85	2.10	1.95	1.94	2.26	2.00	2.00
Developing cross-system principles/guidelines for practice and policy	2.15	2.40	2.31	2.53	2.56	2.67	1.88
Defining elements and strategies of collaborative policy and practice to link AOD, CWS and the Courts	2.20	2.46	2.40	2.74	2.63	2.67	2.38
Developing memoranda of understanding agreements across systems*	2.05	2.01	2.11	2.00	2.56	2.36	1.88
Developing Tribal/State agreements***	2.15	1.70	1.44	1.37	2.56	1.91	1.63
Implementing confidentiality and communication protocols	1.90	2.11	2.11	2.00	2.33	2.58	1.88
Incidence and prevalence of AOD disorders in the CWS system*	2.15	2.28	2.22	2.68	2.30	2.42	1.67
Financing models and strategies (identifying and maximizing resources for this population)*	2.21	2.50	2.43	2.85	2.52	2.58	1.88
Developing cross-system outcomes	2.30	2.48	2.47	2.68	2.59	2.58	2.25
Measuring outcomes*	2.25	2.56	2.48	2.68	2.59	2.83	1.86
Evaluation of cross-system programs*	2.25	2.45	2.36	2.74	2.37	2.58	1.75
Child protection and children's service laws in the context of substance use disorders**	2.60	2.36	2.43	2.68	2.67	2.92	2.00
Overall Collaboration Mean**	2.18	2.28	2.22	2.41	2.49	2.48	1.83
MODELS OF PRACTICE							
Model programs and lessons of effective collaboration in linking AOD, CWS and Family Courts	2.30	2.63	2.47	2.78	2.63	2.75	2.38
Models of persons in recovery working in CWS**	1.85	2.02	2.04	2.28	2.56	2.38	1.78
Models of family drug treatment courts**	2.05	2.10	2.07	2.33	2.44	2.75	1.63
Rural models of practice***	2.05	2.22	1.84	1.88	2.44	3.00	2.33

	Federal/ National	State	County	City	Reservation	Rural	Other
Urban models of practice***	1.80	2.09	1.89	2.68	1.56	1.55	2.38
Tribal models of practice***	2.40	1.72	1.48	1.61	2.85	2.18	2.11
Case management models and strategies for families with substance use disorders**	2.95	2.58	2.59	2.76	2.56	2.75	2.22
Models and lessons of co-located/out-stationed workers across systems	1.95	2.04	2.09	2.35	2.04	2.36	1.75
Models of multidisciplinary teams	2.15	2.32	2.35	2.47	2.56	2.55	2.38
Models of culture-specific programs in AOD and CWS practice*	2.40	2.40	2.31	2.84	2.78	2.45	2.25
Overall Models Mean**	2.09	2.20	2.11	2.40	2.44	2.42	2.08
TRAINING ISSUES							
Multidisciplinary training using adult learning techniques for AOD, CWS and family court issues	2.40	2.28	2.24	2.53	2.37	2.64	1.86
Model curricula for cross-system training	2.35	2.36	2.21	2.47	2.41	2.62	2.13
Dependency Drug Court training for CWS, AOD and judiciary staff*	1.75	2.04	2.08	2.24	2.37	2.54	1.88
Core content on child welfare services	2.30	2.08	2.03	2.06	2.44	2.17	2.13
Core content on substance abuse treatment***	1.95	2.12	2.19	2.44	2.56	2.77	1.37
Core content on family/dependency courts	2.10	2.04	2.07	2.12	2.41	2.62	2.00
Diversity and cultural competence related to gender and ethnicity	2.30	2.31	2.33	2.67	2.52	2.46	2.38
Overall Training Mean	2.16	2.17	2.15	2.36	2.44	2.49	1.94

Note: *p<.05, **p<.01, ***p<.001

Shaded rows are statistically significant items

Table E: Mean Scores by Primary Focus of Organization

	AOD	MH	Fam/Juv Court	CWS	Other
	n=54	n=21	n=39	n=99	n=57
CHILDREN'S ISSUES					
Child development in the context of parental substance abuse	2.69	2.71	2.62	2.68	2.54
The effects of AOD on children	2.58	2.67	2.54	2.58	2.36
Specific effects and interventions for Alcohol Related Birth Defects	2.33	2.43	2.36	2.29	2.13
Identifying Children of Alcoholics (COA) and Children of Substance Abusers (COSA) issues in CWS and AOD treatment	2.46	2.29	2.21	2.52	2.30
Developing service delivery models for COSA's and COA's	2.48	2.29	2.18	2.43	2.22
Overall Children's Mean	2.50	2.48	2.38	2.50	2.31
PRACTICE AND CLINICAL ISSUES					
Screening tools and techniques for AOD problems in CWS families	2.37	2.48	2.21	2.55	2.31
Assessment of substance use disorders in CWS families	2.31	2.52	2.28	2.56	2.35
Assessing risks/developmental assessment/interventions to children in the context of parental substance abuse*	2.54	2.62	2.31	2.68	2.43
Targeted substance abuse prevention for CWS children and families	2.57	2.48	2.28	2.42	2.24
The role of the community, self help programs and persons in recovery in AOD/CWS practice	2.26	2.38	2.23	2.23	2.32
Clinical techniques and strategies for families with AOD problems in child welfare	2.47	2.52	2.21	2.51	2.25
Cultural Competency in AOD and CWS services	2.47	2.50	2.21	2.39	2.35
Gender-specific services among mothers with substance use disorders	2.54	2.19	2.33	2.35	2.35
Services to refugee and immigrant populations	1.83	1.76	1.82	1.79	1.63
Servicing families with limited English proficiency	1.98	1.95	1.92	1.94	1.82
The spectrum of parental substance use, abuse and addictive disorders and appropriate intervention/treatment decisions	2.37	2.57	2.46	2.45	2.38
Engaging parents and families in changing risky behaviors	2.59	2.67	2.44	2.74	2.56
Improving retention of parents and families in substance abuse treatment	2.72	2.62	2.46	2.65	2.52
Working with parents with past traumatic experiences*	2.52	2.71	2.18	2.52	2.47
Working with parents with co-occurring mental health and substance use disorders	2.76	2.71	2.62	2.67	2.56
Overall Practice Mean	2.43	2.44	2.26	2.43	2.28
INCREASING COLLABORATION, FUNDING AND SYSTEMS ISSUES					
Clarifying underlying values and their effects on practice and policy	2.13	2.00	1.97	2.01	1.98
Developing cross-system principles/guidelines for practice and policy	2.43	2.33	2.46	2.34	2.32
Defining elements and strategies of collaborative policy and practice to link AOD, CWS and the Courts	2.50	2.57	2.49	2.44	2.43
Developing memoranda of understanding agreements across systems	2.19	2.19	2.05	2.05	2.13
Developing Tribal/State agreements	1.65	2.14	1.56	1.66	1.85
Implementing confidentiality and communication protocols	2.24	1.86	2.26	2.09	2.04

	AOD	MH	Fam/Juv Court	CWS	Other
Incidence and prevalence of AOD disorders in the CWS system	2.37	2.43	2.13	2.27	2.15
Financing models and strategies (identifying and maximizing resources for this population)	2.70	2.38	2.41	2.46	2.42
Developing cross-system outcomes	2.48	2.43	2.49	2.51	2.49
Measuring outcomes	2.63	2.43	2.62	2.51	2.42
Evaluation of cross-system programs	2.48	2.24	2.31	2.46	2.40
Child protection and children's service laws in the context of substance use disorders	2.46	2.57	2.54	2.43	2.36
Overall Collaboration Mean	2.35	2.30	2.27	2.26	2.23
MODELS OF PRACTICE					
Model programs and lessons of effective collaboration in linking AOD, CWS and Family Courts	2.67	2.57	2.51	2.57	2.47
Models of persons in recovery working in CWS	2.07	1.90	2.10	2.13	2.04
Models of family drug treatment courts	2.21	2.14	2.23	2.09	2.13
Rural models of practice	2.15	2.14	2.15	2.08	2.23
Urban models of practice	1.89	1.90	1.87	2.11	1.98
Tribal models of practice	1.68	2.14	1.64	1.81	2.02
Case management models and strategies for families with substance use disorders*	2.63	2.33	2.56	2.63	2.33
Models and lessons of co-located/out-stationed workers across systems	2.06	2.14	1.97	2.10	2.00
Models of multidisciplinary teams	2.46	2.10	2.36	2.43	2.21
Models of culture-specific programs in AOD and CWS practice	2.41	2.52	2.46	2.38	2.50
Overall Models Mean	2.21	2.19	2.19	2.22	2.17
TRAINING ISSUES					
Multidisciplinary training using adult learning techniques for AOD, CWS and family court issues	2.31	2.19	2.36	2.23	2.39
Model curricula for cross-system training	2.52	2.29	2.26	2.24	2.32
Dependency Drug Court training for CWS, AOD and judiciary staff	2.15	1.90	2.23	2.00	2.23
Core content on child welfare services	2.04	2.10	2.05	2.14	2.15
Core content on substance abuse treatment	2.25	2.05	2.23	2.20	2.15
Core content on family/dependency courts*	2.20	2.00	2.13	1.95	2.33
Diversity and cultural competence related to gender and ethnicity	2.43	2.29	2.31	2.37	2.39
Overall Training Mean	2.27	2.12	2.22	2.15	2.26

Note: *p<.05, **p<.01, ***p<.001

Shaded rows are statistically significant items

Table F: Means Scores by States with the Most Respondents

	AK	CA	CO	MN	NY
	n=12	N=22	n=12	n=26	n=25
CHILDREN'S ISSUES					
Child development in the context of parental substance abuse	2.92	2.68	2.42	2.54	2.60
The effects of AOD on children	2.91	2.64	2.42	2.42	2.20
Specific effects and interventions for Alcohol Related Birth Defects	2.67	2.14	2.42	2.42	2.20
Identifying Children of Alcoholics (COA) and Children of Substance Abusers (COSA) issues in CWS and AOD treatment	2.67	2.18	2.33	2.54	2.38
Developing service delivery models for COSA's and COA's	2.75	2.05	2.42	2.42	2.37
Overall Children's Mean	2.76	2.34	2.40	2.47	2.36
PRACTICE AND CLINICAL ISSUES					
Screening tools and techniques for AOD problems in CWS families	2.75	2.23	2.25	2.15	2.36
Assessment of substance use disorders in CWS families	2.50	2.36	2.25	2.27	2.33
Assessing risks/developmental assessment/interventions to children in the context of parental substance abuse	2.75	2.27	2.25	2.42	2.54
Targeted substance abuse prevention for CWS children and families	2.67	2.23	2.08	2.40	2.32
The role of the community, self help programs and persons in recovery in AOD/CWS practice	2.50	2.23	2.45	2.16	2.20
Clinical techniques and strategies for families with AOD problems in child welfare	2.33	2.36	2.09	2.15	2.43
Cultural Competency in AOD and CWS services	2.67	2.36	2.45	2.08	2.48
Gender-specific services among mothers with substance use disorders	2.42	2.23	2.42	2.08	2.28
Services to refugee and immigrant populations	1.83	1.73	1.92	1.80	1.76
Servicing families with limited English proficiency	2.08	1.82	2.08	1.92	1.92
The spectrum of parental substance use, abuse and addictive disorders and appropriate intervention/treatment decisions	2.83	2.27	2.58	2.31	2.21
Engaging parents and families in changing risky behaviors	2.75	2.59	2.50	2.54	2.50
Improving retention of parents and families in substance abuse treatment	2.67	2.41	2.50	2.58	2.32
Working with parents with past traumatic experiences	2.67	2.41	2.42	2.28	2.52
Working with parents with co-occurring mental health and substance use disorders	2.83	2.41	2.50	2.54	2.56
Overall Practice Mean	2.55	2.26	2.36	2.23	2.28
INCREASING COLLABORATION, FUNDING AND SYSTEMS ISSUES					
Clarifying underlying values and their effects on practice and policy	2.00	2.18	2.17	1.88	2.04
Developing cross-system principles/guidelines for practice and policy	2.25	2.41	2.25	2.24	2.60
Defining elements and strategies of collaborative policy and practice to link AOD, CWS and the Courts	2.50	2.32	2.42	2.44	2.56
Developing memoranda of understanding agreements across systems	2.17	2.05	2.17	2.16	1.80
Developing Tribal/State agreements	2.17	1.82	1.75	1.64	1.44
Implementing confidentiality and communication protocols	2.42	2.00	2.33	2.16	1.87

	AK	CA	CO	MN	NY
Incidence and prevalence of AOD disorders in the CWS system	2.25	2.23	2.25	2.35	2.16
Financing models and strategies (identifying and maximizing resources for this population)	2.00	2.14	2.17	2.35	2.56
Developing cross-system outcomes	2.25	2.36	2.33	2.52	2.48
Measuring outcomes	2.75	2.18	2.67	2.28	2.44
Evaluation of cross-system programs	2.25	2.14	2.33	2.16	2.48
Child protection and children's service laws in the context of substance use disorders	2.75	2.50	2.50	2.58	2.40
Overall Collaboration Mean	2.31	2.20	2.28	2.23	2.22
MODELS OF PRACTICE					
Model programs and lessons of effective collaboration in linking AOD, CWS and Family Courts	2.33	2.45	2.75	2.54	2.64
Models of persons in recovery working in CWS	2.33	1.86	2.25	1.96	2.16
Models of family drug treatment courts	2.45	2.05	2.08	2.12	2.16
Rural models of practice***	2.92	1.59	2.25	2.38	1.96
Urban models of practice	1.75	4.64	2.00	1.68	2.20
Tribal models of practice***	2.83	1.91	1.92	1.80	1.46
Case management models and strategies for families with substance use disorders	2.92	2.36	2.50	2.54	2.67
Models and lessons of co-located/out-stationed workers across systems*	2.50	1.82	2.00	1.80	2.29
Models of multidisciplinary teams	2.17	2.23	2.33	2.32	2.67
Models of culture-specific programs in AOD and CWS practice**	2.83	2.23	2.75	2.04	2.40
Overall Models Mean	2.48	2.01	2.28	2.12	2.23
TRAINING ISSUES					
Multidisciplinary training using adult learning techniques for AOD, CWS and family court issues	2.42	2.41	2.33	2.31	2.25
Model curricula for cross-system training	2.58	2.36	2.33	1.92	2.50
Dependency Drug Court training for CWS, AOD and judiciary staff	2.17	2.09	1.83	2.16	2.08
Core content on child welfare services	2.08	2.05	2.00	2.12	2.13
Core content on substance abuse treatment	2.58	1.95	1.91	2.12	2.38
Core content on family/dependency courts	2.08	1.95	2.17	2.12	2.33
Diversity and cultural competence related to gender and ethnicity	2.33	2.23	2.67	2.16	2.46
Overall Training Mean	2.32	2.15	2.17	2.13	2.30

Note: *p<.05, **p<.01, ***p<.001

Shaded rows are statistically significant items

Table G: Percent of Respondents by Preferred Method of Delivery

The shaded cells indicate the top rated methods of TA delivery for each survey item.

	Written Monographs	Brief Fact Sheets	Web-Based Tutorials	Webcast	Video Broadcast	Phone Consult	On-Site Consult	Conference/Plenary	In-depth On-site Consult
MAJOR TOPIC AREAS									
Children's Issues	45.6	47.7	35.2	10.0	10.7	6.8	17.1	38.8	10.3
Practice Issues	55.9	57.7	43.8	18.1	14.9	12.1	28.8	47.7	22.4
Collaboration	63.7	76.9	49.1	19.2	16.0	25.3	39.5	51.2	29.5
Models of Practice	56.6	60.1	34.2	19.9	13.2	14.2	24.2	45.2	16.0
Training Issues	48.8	48.8	35.9	11.4	12.5	9.6	20.3	44.1	17.8
REQUESTING ORGANIZATION									
CWLA (N=22)									
Children's Issues	50.0	27.3	45.5	13.6	9.1	18.2	9.1	22.7	9.1
Practice Issues	50.0	40.9	50.0	18.2	13.6	13.6	22.7	31.8	9.1
Collaboration	54.5	72.7	40.9	9.1	13.6	22.7	22.7	36.4	18.2
Models of Practice	36.4	54.5	27.3	22.7	4.5	13.6	9.1	31.8	9.1
Training Issues	45.5	50.0	40.9	4.5	4.5	9.1	13.6	27.3	4.5
NASADAD (N=38)									
Children's Issues	47.4	60.5	42.1	5.3	13.2	7.9	23.7	44.7	15.8
Practice Issues	63.2	76.3	50.0	21.1	21.1	15.8	47.4	65.8	31.6
Collaboration	71.1	89.5	47.4	23.7	18.4	21.1	57.9	52.6	36.8
Models of Practice	63.2	68.4	39.5	23.7	13.2	18.4	42.1	55.3	18.4
Training Issues	50.0	57.9	52.6	10.5	15.8	15.8	31.6	55.3	23.7
APHSA (N=15)									
Children's Issues	66.7	60.0	20.0	33.3	6.7	13.3	33.3	46.7	0.0
Practice Issues	80.0	93.3	33.3	40.0	6.7	33.3	40.0	53.3	26.7
Collaboration	73.3	93.3	46.7	26.7	13.3	60.0	46.7	66.7	26.7
Models of Practice	80.0	80.0	26.7	33.3	6.7	13.3	53.3	46.7	6.7
Training Issues	80.0	73.3	20.0	26.7	13.3	13.3	26.7	53.3	26.7
NICWA (N=53)									
Children's Issues	43.4	52.8	37.7	9.4	7.5	7.5	17.0	49.1	17.0
Practice Issues	49.1	62.3	49.1	20.8	11.3	9.4	30.2	49.1	30.2
Collaboration	67.9	69.8	52.8	24.5	18.9	22.6	37.7	49.1	30.2
Models of Practice	54.7	58.8	45.3	26.4	15.1	15.1	13.2	47.2	22.6
Training Issues	45.3	41.5	43.4	9.4	11.3	5.7	22.6	52.8	18.9

NCJFCJ (N=32)									
Children's Issues	40.6	46.9	21.9	12.5	9.4	0.0	15.6	50.0	6.3
Practice Issues	53.1	43.8	40.6	18.8	15.6	6.3	28.1	62.5	15.6
Collaboration	56.3	68.8	40.6	15.6	12.5	37.5	56.3	62.5	40.6
Models of Practice	46.9	65.6	15.6	21.9	12.5	15.6	28.1	53.1	25.0
Training Issues	34.4	43.8	21.9	12.5	18.8	9.4	18.8	56.3	25.0
NCSACW (N=44)									
Children's Issues	50.0	47.7	43.2	11.4	15.9	6.8	15.9	43.2	9.1
Practice Issues	65.9	61.4	52.3	22.7	22.7	11.4	29.5	59.1	27.3
Collaboration	72.7	79.5	61.4	27.3	22.7	22.7	47.7	63.6	34.1
Models of Practice	68.2	56.8	40.9	15.9	22.7	15.9	31.8	54.5	15.9
Training Issues	61.4	45.5	45.5	11.4	15.9	13.6	20.5	45.5	25.0
OTHER (N=44)									
Children's Issues	47.7	40.9	34.1	9.1	11.4	6.8	22.7	31.8	11.4
Practice Issues	56.8	50.0	38.6	13.6	11.4	13.6	27.3	40.9	22.7
Collaboration	59.1	79.5	47.7	18.2	11.4	22.7	31.8	52.3	29.5
Models of Practice	61.4	65.9	36.4	20.5	11.4	9.1	15.9	36.4	13.6
Training Issues	47.7	47.7	27.3	15.9	11.4	9.1	18.2	34.1	13.6
PRIMARY JURISDICTION									
FEDERAL/NATIONAL (N=20)									
Children's Issues	55.0	50.0	45.0	5.0	10.0	10.0	10.0	30.0	5.0
Practice Issues	60.0	65.0	45.0	15.0	15.0	10.0	15.0	40.0	10.0
Collaboration	85.0	75.0	45.0	20.0	15.0	20.0	10.0	35.0	5.0
Models of Practice	65.0	65.0	40.0	10.0	5.0	20.0	10.0	35.0	0.0
Training Issues	60.0	50.0	50.0	15.0	20.0	10.0	20.0	30.0	10.0
STATE (N=116)									
Children's Issues	51.7	48.3	37.1	15.5	9.5	7.8	24.1	41.4	8.6
Practice Issues	64.7	60.3	42.2	20.7	12.9	17.2	37.1	52.6	24.1
Collaboration	67.2	86.2	47.4	23.3	15.5	31.0	44.8	53.4	31.0
Models of Practice	64.7	62.1	31.0	25.0	13.8	17.2	29.3	45.7	14.7
Training Issues	54.3	56.0	32.8	13.8	11.2	12.1	23.3	48.3	18.1
COUNTY (N=76)									
Children's Issues	46.1	52.6	36.8	5.3	10.5	6.6	9.2	35.5	7.9
Practice Issues	51.3	63.2	44.7	15.8	17.1	6.6	18.4	43.4	19.7
Collaboration	59.2	71.1	50.0	17.1	15.8	23.7	32.9	47.4	28.9
Models of Practice	51.3	63.2	31.6	14.5	13.2	10.5	18.4	43.4	15.8
Training Issues	47.4	47.4	34.2	10.5	13.2	5.3	14.5	43.4	17.1

CITY (N=20)									
Children's Issues	30.0	35.0	25.0	5.0	20.0	5.0	10.0	45.0	20.0
Practice Issues	45.0	45.0	45.0	10.0	15.0	15.0	25.0	55.0	30.0
Collaboration	55.0	65.0	55.0	5.0	10.0	25.0	55.0	65.0	50.0
Models of Practice	50.0	50.0	30.0	5.0	10.0	25.0	40.0	65.0	25.0
Training Issues	40.0	40.0	30.0	0.0	10.0	20.0	20.0	55.0	35.0
RESERVATION (N=27)									
Children's Issues	40.7	40.7	33.3	7.4	3.7	7.4	22.2	48.1	22.2
Practice Issues	48.1	48.1	44.4	25.9	11.1	11.1	40.7	51.9	37.0
Collaboration	55.6	59.3	55.6	22.2	25.9	22.2	51.9	51.9	40.7
Models of Practice	48.1	48.1	48.1	29.6	18.5	11.1	14.8	48.1	33.3
Training Issues	40.7	25.9	40.7	7.4	7.4	3.7	25.9	51.9	18.5
RURAL (N=13)									
Children's Issues	15.4	46.2	30.8	15.4	15.4	0.0	23.1	30.8	15.4
Practice Issues	53.8	38.5	53.8	23.1	23.1	7.7	30.8	38.5	15.4
Collaboration	61.5	76.9	53.8	23.1	15.4	15.4	30.8	46.2	15.4
Models of Practice	46.2	69.2	46.2	30.8	15.4	0.0	30.8	38.5	15.4
Training Issues	30.8	61.5	53.8	15.4	23.1	15.4	23.1	30.8	15.4
PRIMARY FOCUS OF ORGANIZATION									
SUBSTANCE ABUSE TREATMENT (N=54)									
Children's Issues	40.7	57.4	38.9	5.6	5.6	3.7	20.4	50.0	18.5
Practice Issues	59.3	64.8	51.9	24.1	14.8	11.1	38.9	61.1	31.5
Collaboration	64.8	85.2	53.7	25.9	14.8	16.7	46.3	59.3	31.5
Models of Practice	59.3	64.8	38.9	20.4	7.4	9.3	33.3	59.3	20.4
Training Issues	44.4	55.6	48.1	11.1	7.4	11.1	29.6	55.6	24.1
Mental Health (n=21)									
Children's Issues	42.9	33.3	14.3	0.0	4.8	14.3	23.8	33.3	4.8
Practice Issues	38.1	52.4	23.8	9.5	4.8	9.5	28.6	38.1	14.3
Collaboration	57.1	81.0	33.3	19.0	19.0	23.8	23.8	47.6	33.3
Models of Practice	47.6	38.1	28.6	14.3	14.3	14.3	9.5	33.3	9.5
Training Issues	33.3	38.1	19.0	4.8	4.8	19.0	19.0	33.3	9.5
FAMILY DEPENDENCY/JUVENILE COURT (N=39)									
Children's Issues	38.5	43.6	28.2	10.3	7.7	5.1	12.8	41.0	5.1
Practice Issues	53.8	46.2	41.0	15.4	10.3	7.7	25.6	51.3	17.9
Collaboration	64.1	66.7	48.7	15.4	7.7	28.2	41.0	51.3	35.9
Models of Practice	48.7	64.1	23.1	17.9	10.3	12.8	15.4	48.7	17.9
Training Issues	35.9	38.5	23.1	7.7	12.8	10.3	15.4	46.2	17.9

CWS/TRIBAL CW (N=99)									
Children's Issues	48.5	47.5	44.4	15.2	13.1	9.1	21.2	35.4	11.1
Practice Issues	59.6	59.6	51.5	17.2	15.2	15.2	31.3	39.4	22.2
Collaboration	65.7	73.7	53.5	17.2	17.2	32.3	40.4	51.5	28.3
Models of Practice	61.6	56.6	38.4	21.2	16.2	15.2	29.3	42.4	14.1
Training Issues	56.6	46.5	39.4	14.1	14.1	7.1	21.2	40.4	18.2
OTHER (N=57)									
Children's Issues	50.9	52.6	26.3	10.5	14.0	5.3	10.5	35.1	7.0
Practice Issues	56.1	56.1	31.6	21.1	21.1	14.0	19.3	50.9	19.3
Collaboration	61.4	80.7	42.1	21.1	19.3	24.6	35.1	50.9	26.3
Models of Practice	54.4	64.9	29.8	22.8	14.0	19.3	19.3	43.9	17.5
Training Issues	52.6	56.1	31.6	12.3	15.8	8.8	14.0	42.1	12.3
STATE OF RESPONDENT									
ALASKA (N=12)									
Children's Issues	16.7	25.0	41.7	25.0	33.3	16.7	25.0	41.7	33.3
Practice Issues	50.0	50.0	66.7	41.7	25.0	16.7	50.0	50.0	41.7
Collaboration	50.0	66.7	75.0	41.7	16.7	50.0	58.3	58.3	58.3
Models of Practice	50.0	66.7	50.0	41.7	16.7	33.3	41.7	41.7	25.0
Training Issues	50.0	25.0	50.0	16.7	16.7	33.3	16.7	41.7	33.3
CALIFORNIA (N=22)									
Children's Issues	50.0	54.5	27.3	0.0	9.1	4.5	13.6	59.1	4.5
Practice Issues	45.5	72.7	45.5	18.2	13.6	13.6	27.3	59.1	22.7
Collaboration	81.8	77.3	40.9	31.8	13.6	22.7	36.4	63.6	22.7
Models of Practice	68.2	63.0	31.8	13.6	9.1	18.2	27.3	59.1	13.6
Training Issues	50.0	45.5	36.4	4.5	13.6	13.6	31.8	59.1	18.2
COLORADO (N=12)									
Children's Issues	41.7	66.7	36.0	8.3	8.3	0.0	25.0	50.0	16.7
Practice Issues	50.0	75.0	25.0	33.3	8.3	0.0	25.0	75.0	25.0
Collaboration	50.0	91.7	41.7	33.3	0.0	25.0	58.3	66.7	50.0
Models of Practice	50.0	66.7	33.3	16.7	8.3	0.0	25.0	50.0	8.3
Training Issues	41.7	66.7	41.7	8.3	0.0	8.3	25.0	58.3	8.3
MINNESOTA (N=26)									
Children's Issues	38.5	50.0	42.3	7.7	11.5	11.5	19.2	30.8	7.7
Practice Issues	46.2	61.5	42.3	7.7	15.4	7.7	15.4	42.0	15.4
Collaboration	50.0	69.2	50.0	7.7	11.5	23.1	42.3	34.6	23.1
Models of Practice	42.3	61.5	34.6	11.5	11.5	15.4	23.1	30.8	11.5
Training Issues	38.5	38.5	23.1	7.7	15.4	3.8	15.4	42.3	7.7

NEW YORK (N=25)									
Children's Issues	48.0	28.0	32.0	12.0	24.0	8.0	16.0	28.0	4.0
Practice Issues	52.0	40.0	36.0	20.0	24.0	16.0	28.0	32.0	12.0
Collaboration	80.0	80.0	44.0	12.0	16.0	20.0	24.0	40.0	16.0
Models of Practice	64.0	56.0	32.0	16.0	12.0	20.0	16.0	48.0	12.0
Training Issues	52.0	40.0	32.0	12.0	20.0	8.0	12.0	32.0	20.0

References

1 A summary of the Five National Reports on substance abuse and child welfare may be found at:
<http://ncsacw.samhsa.gov/files/Summary5NationalReports.pdf>.

2 U.S. Department of Health and Human Services. *Blending Perspectives and Building Common Ground. A Report to Congress on Substance Abuse and Child Protection*. Washington, D.C.: U.S. Government Printing Office, 1999.

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